

# Public Board Meeting

Wed 26 March 2025, 12:45 - 15:45

8th Floor Conference Room, Delta House, Glasgow

## Agenda

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### 12:45 - 13:25 1. OPENING BUSINESS

40 min

#### 1.1. Welcome and apologies

12.45 Chair

#### 1.2. Register of interests

Paper Chair

📄 Item 1.2 Register of Interests.pdf (3 pages)

#### 1.3. Minutes of the public Board meeting on 4 December 2024

12.50 Paper Chair

📄 Item 1.3 Draft Public Minutes.pdf (6 pages)

#### 1.4. Action Points from the public Board meeting on 4 December 2024

Paper Chair

📄 Item 1.4 Public Action Register.pdf (2 pages)

#### 1.5. Chair's Report

12.55 Paper Chair

📄 Item 1.5 March Chairs Report.pdf (4 pages)

#### 1.6. Executive Report

13.05 Paper Chief Executive

📄 Item 1.6 Executive Report.pdf (17 pages)

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### 13:25 - 14:05 2. SETTING THE DIRECTION

40 min

#### 2.1. Quality Assurance and Regulation Annual Plan

13.25 Paper Director of Quality Assurance and Regulation

📄 Item 2.1 QAR Plan 2025-26.pdf (3 pages)

📄 Item 2.1 Appendix 1.pdf (9 pages)

#### 2.2. Digital and Intelligence Strategy

13.35 Paper Director of Evidence and Digital

📄 Item 2.2 Digital & Intelligence Strategy.pdf (3 pages)

📄 Item 2.2 Appendix 1.pdf (24 pages)


#### 2.3. Collaboration and Leadership

14:05 - 14:50  
45 min

## 3. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

### 3.1. Organisational Performance Report


14.05 Paper

*Director of Finance, Planning and Governance/ Director of Workforce* Item 3.1 Organisational Performance.pdf (10 pages)


### 3.2. Business Cases

14.25

#### 3.2.1. Mental Health

*Paper Director of Engagement and Change* Item 3.2.1 Mental Health Business Case.pdf (4 pages) Item 3.2.1 Appendix 1.pdf (17 pages)

#### 3.2.2. Hospital at Home

*Paper Director of Nursing and System Improvement* Item 3.2.2 Hospital at Home Business Case.pdf (6 pages)

### 14.40-14.50 Comfort break

14:50 - 15:15  
25 min

## 4. INFLUENCING CULTURE

### 4.1. Equalities - Race Equality Plan and Equality Mainstreaming Report

14.50 Paper

*Director of Engagement and Change* Item 4.1 Equalities.pdf (4 pages) Item 4.1 Appendix 1.pdf (47 pages) Item 4.1 Appendix 2.pdf (12 pages)

### 4.2. Flexible Workforce Policy

15.05 Paper

*Director of Workforce* Item 4.2 Flexible Work Location Policy.pdf (3 pages)

15:15 - 15:25  
10 min

## 5. ASSESSING RISK

### 5.1. Risk Management: strategic risks

*Paper Director of Finance, Planning and Governance* Item 5.1 Risk Management.pdf (11 pages)

15:25 - 15:40  
15 min

## 6. GOVERNANCE


## **6.1. Governance Committee Chairs: key points from the meeting on 26 February 2025**

*Paper*                      *Chair*

 Item 6.1 Gov Chairs Key Points.pdf (1 pages)

## **6.2. Audit and Risk Committee: key points from the meeting on 5 March 2025; approved minutes from the meeting on 27 November 2024**

*Paper*                      *Committee Chair*

 Item 6.2 ARC Key Points.pdf (1 pages)

## **6.3. Executive Remuneration Committee: key points from the meeting on 3 December 2024**

*Paper*                      *Committee Chair*

 Item 6.3 ERC Key Points.pdf (1 pages)

## **6.4. Quality and Performance Committee: key points from the meeting on 19 February 2025; approved minutes from the meeting on 6 November 2024**

*Paper*                      *Committee Chair*

 Item 6.4 QPC Key Points.pdf (2 pages)

## **6.5. Scottish Health Council: key points from the meeting on 20 February 2025; approved minutes from the meeting on 14 November 2024**

*Paper*                      *Committee Chair*

 Item 6.5 SHC Key Points.pdf (1 pages)

## **6.6. Staff Governance Committee: key points from the meeting on 13 March 2025; approved minutes from the meeting on 23 October 2024**

*Paper*                      *Committee Chair*

 Item 6.6 SGC Key Points.pdf (1 pages)

## **6.7. Succession Planning Committee: key points from the meeting on 16 January 2025; approved minutes from the meeting on 30 May 2024**

*Paper*                      *Chair*

 Item 6.7 SPC Key Points.pdf (1 pages)

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## **15:40 - 15:45 7. ANY OTHER BUSINESS**

5 min

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## **15:45 - 15:45 8. DATE OF NEXT MEETING**

0 min

Next meeting is on 30 June 2025

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Register of Interests</b>
<b>Agenda item:</b>	<b>1.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Pauline Symaniak, Governance Manager</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

The [Register of Interests](#) for Board Members and senior staff members within HIS requires appropriate scrutiny and is presented to each Board meeting for that purpose.

## 2. Background

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests are made, any changes to their entry are notified within one month of them occurring and a central Register of Interests is held which is published on the website. This Register must also show all interests declared by Non-Executive Directors during the full period of their appointment.

## 3. Assessment

The Register of Interests on the website was considered by the Board at its meeting on 4 December 2024. The following declarations have since been made:

- John Lund, new Non-executive Director from 15 January 2025 has been added to the register with declarations covering:
  - Consultant, Core Asset Consulting Solutions, Edinburgh
  - Accenture PLC

- Wife is a consultant physician and sister-in-law is a consultant surgeon at NHS Greater Glasgow and Clyde.
- Eddie Docherty, Director of Quality Assurance and Regulation from 18 February 2025, has been added with a declaration that his wife does independent work with Health Boards post retirement and is currently Senior Responsible Officer for a project looking at the potential change of location for a learning difficulties cohort in NHS Tayside.
- Judith Kilbee has declared that she is representing the Scottish Covid Bereaved Group for Module 6 of the UK inquiry which is scheduled to be held in July 2025.

The Board is asked to note that the updated Register of Interests will be published online after the change in the HIS Board Chair position to ensure it is accurate and therefore Carole Wilkinson's entry will be removed from the register and Evelyn McPhail will be noted as Board Chair.

### Assessment considerations

<b>Quality/ Care</b>	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.
<b>Resource Implications</b>	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
<b>Risk Management</b>	There are no risks in respect of the Register recorded on the risk database. The Register is scrutinised at Board meetings and is presented within the Annual Report and Accounts. At the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions.
<b>Clinical and Care Governance (CCG)</b>	There are no specific CCG implications.
<b>Equality and Diversity, including health inequalities</b>	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
<b>Communication, involvement,</b>	The Register was last considered by the Board at its meeting on 4 December 2024. The Register is published quarterly on

<b>engagement and consultation</b>	the website once approved by the Board. A more up to date version is maintained on file on an ongoing basis.
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#### **4 Recommendation**

The Board is asked to approve the Register of Interests for publication on the website with the change to the Board Chair position noted above. It is recommended that the Board accept the following Level of Assurance given that the Register is updated on an ongoing basis and scrutinised quarterly:

**SIGNIFICANT:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

**MINUTES – Draft**
**Public Meeting of the Board of Healthcare Improvement Scotland at  
 10:00, 4 December 2024, Delta House, Glasgow/MS Teams**

<b>Present</b>	<b>In Attendance</b>
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Abhishek Agarwal, Non-executive Director	Ann Gow, Deputy Chief Executive/ Interim Director of Quality Assurance and Regulation
Keith Charters, Non-executive Director	Mhairi Hastings, Interim Director of Nursing and System Improvement
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair	Angela Moodie, Director of Finance, Planning and Governance
Nicola Hanssen, Non-executive Director	Clare Morrison, Director of Engagement and Change
Judith Kilbee, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Nikki Maran, Non-executive Director	Simon Watson, Medical Director/Director of Safety
Evelyn McPhail, Non-executive Director	
Doug Moodie, Chair of the Care Inspectorate	
Michelle Rogers, Non-executive Director	
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
<b>Board Support</b>	<b>Apologies</b>
Pauline Symaniak, Governance Manager	None

<b>1.</b>	<b>OPENING BUSINESS</b>
<b>1.1</b>	<b>Chair's welcome and apologies</b>
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including Mhairi Hastings attending her first Board meeting and those in the public gallery. The Chair highlighted that this was the final Board meeting for Ann Gow and extended thanks on behalf of the Board for her contribution to the organisation. There were no apologies.
<b>1.2</b>	<b>Register of Interests</b>
	The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the register must be notified within one month of them occurring. Any interests should be declared that may arise during the course of the meeting. The Chair highlighted the new interest declared by the Chief Executive as a Non-executive Director at Wheatley Care.  <b>Decision: The Board approved the register for publication on the website.</b>
<b>1.3</b>	<b>Minutes of the Public Board meeting held on 25 September 2024</b>
	The minutes of the meeting held on 25 September 2024 were accepted as an accurate record. There were no matters arising.  <b>Decision: The Board approved the minutes.</b>
<b>1.4</b>	<b>Action points from the Public Board meeting on 25 September 2024</b>
	It was noted that all actions were recommended for closure.  <b>Decision: The Board approved closure of all actions.</b> <b>Action: To be added to the action register from the minutes of 25 September: awaiting</b>

	<b>national position statements on the use of Artificial Intelligence.</b>
<b>1.5</b>	<b>Chair's Report</b>
	<p>The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following information:</p> <ul style="list-style-type: none"> <li>a) The Annual Review was held on 20 November as an online event which improved accessibility for attendees.</li> <li>b) The Scottish Health Awards were also held in November and had been a very positive event.</li> </ul> <p>The Vice Chair highlighted that she had joined a meeting of the north and west Board Chairs group to discuss engaging with communities and a member of the Scottish Health Council had also attended the Health Awards and had provided very positive feedback.</p> <p><b>Decision: The Board noted the update.</b></p>
<b>1.6</b>	<b>Executive Report</b>
	<p>The Chief Executive provided the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>a) Thanks were extended to HR colleagues and Partnership Forum for their input to the successful delivery of the HIS Employee programme.</li> <li>b) Dr George Fernie, Senior Medical Reviewer, had been appointed Chair of the UK Caldicott Council which is excellent recognition.</li> <li>c) The first HIS Safety Bulletin had been issued.</li> <li>d) The new Asthma Guideline demonstrated effective joint working across the UK.</li> <li>e) The launch of the Excellence in Care national resource for consistent care assurance and the training module on Essentials for Early Intervention in Psychosis were examples of the organisation's impact.</li> <li>f) HIS was making a significant contribution to NHS reform and issues highlighted in the recent Audit Scotland report on the NHS in Scotland. The 14<sup>th</sup> Citizen Panel report was a good example of this.</li> <li>g) The revised Adverse Events framework would be published in January 2025.</li> </ul> <p>The questions from the Board and the additional information provided covered the following:</p> <ul style="list-style-type: none"> <li>h) Regarding the Scottish Health Technologies Group, vacancies had been held to assist with managing the budget but this was supported by a cross-directorate process for prioritising requests.</li> <li>i) The National Cancer Medicines Advisory Group's work included impact and costing but a statement of clarification was awaited from the Chief Pharmaceutical Advisor.</li> <li>j) Key aspects of the Audit Scotland report linked to the organisational strategy, in particular our work in system reform and improvement.</li> <li>k) The Strengths Deployment Inventory (SDI) supported developmental activity mostly aimed at teams and had a validated methodology. A useful background document was available providing more detail.</li> <li>l) The first phase of the Scottish Approach to Change had created a high level overview of change methodologies which would now enable these to be brought under a single approach.</li> <li>m) It was noted that delivery of the Hospital at Home programme was challenging for boards in the current financial context but it supported the aim of care in the community.</li> <li>n) The Scottish Households Survey had indicated a reduction in volunteering. This had not been evident within the NHS but there were implications for delivery of health and care services if third sector organisations were experiencing a decrease.</li> </ul> <p><b>Decision: The Board scrutinised the report and accepted the moderate level of assurance offered.</b></p> <p><b>Action: Background document on SDI to be shared with the Board.</b></p>



<b>2.</b>	<b>SETTING THE DIRECTION</b>
<b>2.1</b>	<b>Responding to Concerns Review Action Plan</b>
	<p>The Chief Executive presented the action plan advising that it had already been considered by the Quality and Performance Committee (QPC). It was noted that it was a cross-organisational response and would have resource implications. One of the actions was to appoint an oversight board for delivery of the action plan and Nikki Maran, Non-executive Director, had agreed to chair this. Endorsement of this appointment was being sought from the Board.</p> <p>The Chair of QPC advised that the Committee and the Short Life Governance Group had supported the action plan while noting the scale of work was significant and the timelines challenging. They took limited assurance from the report.</p> <p>In response to questions from the Board, it was advised that interim arrangements were providing stronger judgements but had a significant impact on senior staff capacity. The oversight board may consider the timelines within the action plan.</p> <p><b>Decision: The Board approved the action plan and the appointment of Nikki Maran as Chair of the oversight board. The Board accepted the limited assurance offered on the report.</b></p>
<b>2.2</b>	<b>NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update</b>
	<p>The Deputy Chief Executive/Interim Director of Quality Assurance and Regulation provided an update on progress with the NHS Greater Glasgow and Clyde Emergency Department Review, noting that publication of the final report was now planned for March 2025 in light of the significant amount of information requiring analysis.</p> <p>In response to questions from the Board, the following information was provided:</p> <ol style="list-style-type: none"> <li>There was confidence that the new March 2025 deadline would be met but there may be a perception that this would delay implementation of any recommendations made. However, it was likely that recommendations would cover longer term activity.</li> <li>The numbers of staff in the board that had been engaged had increased since writing the report.</li> <li>The process would follow the standard approach in terms of factual accuracy checking and publication. There would also be an after action review once the process was fully complete.</li> </ol> <p><b>Decision: The Board noted the update and accepted the moderate assurance offered.</b>  <b>Action: After action review to be completed of the full external review process.</b></p>
<b>3.</b>	<b>HOLDING TO ACCOUNT – including FINANCE AND RESOURCE</b>
<b>3.1</b>	<b>Organisational Performance</b>
<b>3.1.1</b>	<b>Quarter 2 Performance Report</b>
	<p>The Director of Finance, Planning and Governance provided the quarter 2 performance report, highlighting that 74% of programmes and eight out of 15 corporate Key Performance Indicators were on track. There were ongoing risks to delivery due to volume of work and pressures on existing resources especially for the Primary Care Improvement Programme (PCIP) and the Drugs and Alcohol Programme. QPC had considered a detailed report at their meeting in November.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ol style="list-style-type: none"> <li>Activity was underway to respond to the iMatter results and this included benchmarking with similar bodies.</li> <li>The HIS Employee programme would have a positive impact for programmes at risk but this would take time due to training and catching up.</li> <li>PCIP was affected by late additional allocations so the programme was redesigned to focus on the GP Contract work.</li> <li>Responsive support had a specific definition which currently only covers the Delayed Discharges work.</li> </ol> <p><b>Decision: The Board scrutinised the Performance Report and accepted the moderate level of assurance offered.</b></p>

	<b>Action: An update report on PCIP to be provided to QPC.</b>
<b>3.1.2</b>	<b>Financial Performance Report</b>
	<p>The Director of Finance, Planning and Governance provided the financial report noting that there was currently an underspend of £700k but the year end forecast was an underspend of £300k which was outwith the 1% tolerance permitted. There was confidence that the £2.5m savings target would be achieved.</p> <p>The Chair of the Audit and Risk Committee (ARC) advised that the Committee had discussed the need for more recurring savings to ease the financial challenges of future years.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ol style="list-style-type: none"> <li>The aim would be to enter 2025/26 without a large savings target but that would require prioritisation of work.</li> <li>Regarding the underspend, some decisions had already been taken to reinvest some of it but the remainder would be returned to Scottish Government.</li> <li>The provision for independent healthcare ventilation requirements would be carried forward into the next financial year.</li> </ol> <p><b>Decision: The Board considered the financial position and accepted the significant assurance offered.</b></p>
<b>3.1.3</b>	<b>Workforce Report</b>
	<p>The Director of Workforce provided the Workforce Report noting that turnover was low at 4.5% and sickness absence had reduced to 4.3%. A deep dive was underway into absence levels.</p> <p>In response to a question from the Board, it was advised that results were available broken down to directorate level and some directorates had experienced significant change in recent years which may impact their level of sickness absence.</p> <p><b>Decision: The Board reviewed the Workforce Report and accepted the moderate level of assurance offered.</b></p> <p><b>Action: Absence deep dive to include benchmarking with similar organisations.</b></p>
<b>3.2</b>	<b>Workforce Plan</b>
	<p>The Director of Workforce provided the Workforce Plan, noting that it had been considered already by Staff Governance Committee and Partnership Forum.</p> <p>In response to comments from the Board, it was advised that standardisation had been attempted for directorate sections but they represented diverse work and skills, though work will be undertaken on programme management and improvement adviser roles. The Organisational Development and Learning Strategy was mentioned and the Digital Strategy would ensure digital skills were considered.</p> <p><b>Decision: The Board approved the plan, noting that there would be ongoing adjustments and accepted the moderate level of assurance offered.</b></p> <p><b>Action: Further refinement of Executive Summary to be undertaken to reflect comments.</b></p>
<b>3.3</b>	<b>Integrated Planning Update</b>
	<p>Jane Illingworth, Head of Planning and Governance, joined the meeting for this item.</p> <p>The Director of Finance, Planning and Governance provided an update on the integrated planning process for 2025-26 covering the financial plan and the work programme. It was noted that detail had already been considered by ARC and QPC. Challenges in the process were the need to deprioritise to achieve affordability and the differing timeline for the Workforce Plan set by Scottish Government.</p> <p>In response to questions from the Board, it was advised that draft plans would be provided to the January 2025 Board seminar which would be attended by the Senior Leadership Team. This would support shared understanding and prioritisation.</p>

	<p><b>Decision: The Board noted the update. They accepted the significant level of assurance offered that the processes align to strategic direction and external context; they accepted the limited assurance offered that budget assumptions were in line with anticipated funding from Scottish Government.</b></p>
<b>4.</b>	<b>ASSESSING RISK</b>
<b>4.1</b>	<b>Risk Management: strategic risks</b>
	<p>The Director of Finance, Planning and Governance provided the strategic risk register, noting that one new risk had been raised covering the impact of a number of public inquiries.</p> <p>The Chair of ARC advised that Board that the Committee considered new proposals related to risk management which would create a sub-committee jointly chaired by the ARC Vice Chair and the Lead Officer for risk management, the Head of Finance and Procurement. The sub-committee would link with the operational advisory group for risk management. It was also suggested that other Committees provide their risk considerations to ARC who then provide assurance to the Board.</p> <p><b>Decision: The Board gained assurance of the management of the strategic risks and accepted the following levels of assurance:</b></p> <ul style="list-style-type: none"> <li>• limited on the strategic risks which were out of appetite with the exception of data breach and Covid Inquiries which were marginally out of appetite and therefore considered to be within tolerance.</li> <li>• significant when the residual score was medium or low.</li> <li>• moderate when the score was high.</li> </ul> <p><b>Decision: The Board supported the proposals set out above for risk management.</b></p>
<b>5.</b>	<b>GOVERNANCE</b>
<b>5.1</b>	<b>Governance Action Plan Updates - Committee Annual Reports 2023-24 and Blueprint for Good Governance</b>
	<p>The Director of Finance, Planning and Governance provided updates on these two governance action plans, advising that actions were well progressed.</p> <p><b>Decision: The Board noted the updates and accepted the significant level of assurance offered.</b></p>
<b>5.2-5.8</b>	<b>Committee Key Points and Minutes</b>
	<p>Committee Chairs provided key points from the quarter 3 Committee meetings and approved minutes where appropriate from the quarter 2 meetings as follows:</p> <ol style="list-style-type: none"> <li>a) Governance Committee Chairs: key points from the meeting on 20 November 2024</li> <li>b) Audit and Risk Committee: key points from the meeting on 27 November 2024; approved minutes from the meeting on 4 September 2024</li> <li>c) Quality and Performance Committee: key points from the meeting on 6 November 2024; approved minutes from the meeting on 14 August 2024</li> <li>d) Scottish Health Council: key points from the meeting on 14 November 2024; approved minutes from the meeting on 12 September 2024</li> <li>e) Staff Governance Committee: key points from the meeting on 23 October 2024; approved minutes from the meeting on 7 August 2024.</li> </ol> <p>It was noted that the Succession Planning Committee had not met in quarter 2 and the Executive Remuneration Committee had met on 3 December 2024.</p> <p><b>Decision: The Board noted the key points and minutes.</b></p>
<b>6.</b>	<b>ANY OTHER BUSINESS</b>
<b>6.1</b>	There were no items of any other business.

Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.
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Approved by:

Date:

Next meeting:

26 March 2025

## DRAFT ACTION POINT REGISTER

Meeting: Public Board Meeting

Minute ref	Report Heading	Action point	Timeline	Lead officer	Current Status
<b>4 December 2024</b>					
1.6	Executive Report	Background document on Strengths Deployment Inventory to be shared with the Board.	Immediate	Governance Manager	<b>Recommend for closure.</b> Circulated on 6 December 2024
2.2	NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update	After action review to be completed of the full external review process.	Early 2025	Director of Quality Assurance and Regulation	Discussions in progress as the review hasn't finished.
3.1.1	Quarter 2 Performance Report	Update report on Primary Care Improvement Programme to be provided to the Quality and Performance Committee.	19 February 2025	Interim Director of Nursing and System Improvement	<b>Recommend for closure.</b> Presented 19 February 2025
3.1.3	Workforce Report	Absence deep dive to include benchmarking with similar organisations.	26 March 2025	Director of Workforce	Underway – Initial report provided to Staff Governance Committee on 13 March 2025. Final report by end of April 2025.
3.2	Workforce Plan	Further refinement of Executive Summary to be undertaken to reflect comments.	Immediate	Director of Workforce	<b>Recommend for closure</b> Action complete – report refined and now published.

**25 September 2024**

1.6	Executive Report	Regarding use of Artificial Intelligence (AI), national position statements are awaited. This to be followed up.	26 March 2025	Director of Evidence and Digital	<p><b>Recommend for closure.</b> This is the most up to date information available nationally <a href="#">Guidance on AI Adoption Including Information on AI Policies — Scottish AI Playbook</a></p> <p>There is an unwritten intention to use Microsoft Co-Pilot nationally with a pilot underway with a number of boards (Greater Glasgow &amp; Clyde, NHS Education for Scotland, National Services Scotland), though the report has been delayed.</p>
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## Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Chair's Report</b>
<b>Agenda item:</b>	<b>1.5</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Carole Wilkinson, HIS Chair</b>
<b>Purpose of the paper:</b>	<b>Awareness/Decision</b>

### PURPOSE OF REPORT AND RECOMMENDATION

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key strategic and governance issues. The HIS Board is asked to:

- receive and note the content of the report.
- approve the Non-executive appointments noted below.

### NHS SCOTLAND BOARD CHAIRS

#### NHS Board Chairs

Since my last report, the Board Chairs Group have held monthly private meetings on 9 December 2024, 27 January 2025 and 24 February 2025. Our main topics for consideration were NHS Reform and Transformation, a deep dive into Integration Joint Boards and updates on finance, the Centre for Sustainable Delivery and Improving Population Health.

NHS Reform and finance have also been discussed at the Board Chairs meetings with the Cabinet Secretary for NHS Recovery, Health and Social Care which have been held on 11 December 2024 and 29 January 2025. We have also covered the Programme for Government.

I continue to engage with the Chairs through regular meetings with the national Board Chairs which provide an opportunity to share common areas of working.

#### Aspiring Chairs

I continued to support the second cohort of the Aspiring Chairs programme through mentoring as a host Board Chair and supporting our HIS participant, Evelyn McPhail. As Chair of the Aspiring Chairs Advisory Panel, I attended the closing session of the cohort on 28 January 2025 and have been involved with applications and interviews for the

third cohort. On this occasion, HIS will not have a participant on the programme and we will not volunteer as a host Board given our upcoming change in Board Chair.

## STAKEHOLDER ENGAGEMENT

### External Engagement

NHS reform and renewal has been a key theme through various strategic meetings. On 3 February 2025, the Chief Executive and I met in person with the First Minister in our Chair roles for the NHS Board Chairs' and NHS Board Chief Executives' groups. The focus of the meeting was workforce but we had the opportunity to follow-up discussions with a letter to the First Minister setting out numerous proposals for HIS's contribution to reform. I then attended the Public Service Reform summit on 17 February. The plenary featured Ivan McKee MSP, Minister for Public Finance and senior leaders from public sector bodies.

The quarterly strategic meeting with our sponsor division at Scottish Government was held on 17 December 2024. The Deputy Chief Executive and Director of Finance, Planning and Governance also attended. We covered the financial position, our ongoing assurance activity and the current public inquiries as they relate to HIS.

My most recent regular meeting with Professor Dame Carrie MacEwen, Chair of the General Medical Council, was held on 18 December 2024. I shared an update on our Responding to Concerns Review and our sharing intelligence network. We also discussed leadership and culture in particular in relation to the role of Medical Directors and Senior Clinicians. We will also meet on 19 March 2025 and Evelyn McPhail, HIS Interim Board Chair from 1 April 2025, will join that meeting.

On 6 March 2025, I joined the Alcohol and Drug Partnership (ADP) Chairs Learning System session which covered the role of the ADP Chair and provided an overview of the National Drugs Mission Delivery Group.

### Internal Engagement

The monthly all staff huddles continue to provide an opportunity for the Chief Executive and I to share key developments about the organisation and its governance. The programme is continuing where we invite each of the Governance Committee Chairs to attend a huddle to talk about the work of their Committees.

On 19 December 2024 the Chief Executive and I joined the welcome event in Delta House for the new maternity services inspection team. We shared an overview of the organisation and why we think inspection is relevant and essential to the work we do. Each of the Directorate teams gave a presentation outlining their work programme, priorities, and examples of cross-team working. They were all clear about their focus on quality, safety and commitment to making a difference. Given the challenges this Directorate has faced, this felt like a very positive and uplifting day.



We also met new staff at a corporate induction session on 6 February 2025 and continue to meet with staff regularly at informal sessions, three of which have been held since my last report.

On 18 March 2025, along with the Chair of the Scottish Health Council, the Chief Executive and Evelyn McPhail, Non-executive Director, I attended the Community Engagement and Transformational Change Directorate event to deliver a welcome and take part in group discussions. It was a very enjoyable event and good to see the Directorate coming together, sharing their work and demonstrating One Team and cross-Directorate working. I will also be joining the Directorate's Public Partner annual event on 20 March 2025.

## GOVERNANCE

### **HIS Board Chair Appointment**

Given my temporary move to the Board Chair post at NHS Tayside from 1 April 2025, Evelyn McPhail will become Interim Board Chair for HIS from this date. A comprehensive handover has been delivered through February and March in preparation for this.

### **Non-executive Directors**

The Board is asked to approve the following appointments which are required in response to the Board vacancy being filled and in light of Evelyn McPhail becoming Interim HIS Chair from 1 April 2025:

- John Lund appointed to the Quality & Performance Committee and the Audit & Risk Committee from his start date, 15 January 2025.
- Abhishek Agarwal appointed as Chair of the Quality & Performance Committee and Nikki Maran appointed as Vice Chair, both from 1 April 2025.
- Nikki Maran appointed to the Executive Remuneration Committee from 1 April 2025.

The Board is asked to approve the following changes to the Board Champion roles with immediate effect:

- Nicola Hanssen appointed as Cyber Security Board Champion.
- John Lund appointed as Counter Fraud Board Champion.

Duncan Service will retain the Sustainability Board Champion role and Keith Charters the Non-executive Whistleblowing Champion role. The Board may wish to note that Board Champion role descriptions have been created and can be found in the additional reading folder on Admincontrol.

## **Governance Committee Sub-Groups**

Following the final report from the independent review of Responding to Concerns, the Quality Assurance and Regulation short life governance group was closed. A Responding to Concerns Oversight Board has been convened to provide oversight of the action plan and will report to the Quality and Performance Committee. The Oversight Board is being chaired by Nikki Maran, Non-executive Director, with two additional Non-executive members – Nicola Hanssen and Duncan Service.

A risk management sub-group has been formed and will report to the Audit and Risk Committee. The group will be co-chaired by Keith Charters, Non-executive Director and Karlin Rodgers, Head of Finance and Procurement and Operational Lead for risk management. The additional Non-executive member is John Lund.

## **Board Development and Seminars**

Board seminars were held on 15 January and 26 February 2025 covering integrated planning, a cyber security risk deep dive and digital mindset. A Board masterclass was held on 5 March 2025 providing a comprehensive overview of workforce governance, both within HIS and across NHS Scotland.

## **Public Board Meetings**

A recent freedom of information request highlighted that an equality impact assessment had not been completed recently in relation to access for our public Board meetings. This will be actioned and any further considerations captured within the Communications Strategy which is under development.

**EXECUTIVE REPORT TO THE BOARD – MARCH 2025****PURPOSE OF THE REPORT**

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements, challenges, and external engagement. In line with HIS' [Strategy 2023-28](#) and specifically the 'One Team' approach, the structure of the report has been reviewed. Moving away from a Directorate specific approach, the content of the report is as follows:

<b>1. REPORT FROM CHIEF EXECUTIVE.....</b>	<b>1</b>
<b>2. ACHIEVEMENTS.....</b>	<b>3</b>
<b>3. CHALLENGES.....</b>	<b>14</b>
<b>4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT.....</b>	<b>17</b>

In addition to keeping the Board up to date with organisational developments, the content is intended to provide information on our stakeholder engagement and how we are working with delivery partners – key aspects of our strategic approach.

**RECOMMENDATION**

The HIS Board is asked to note the content of this report.

**1. REPORT FROM CHIEF EXECUTIVE****Executive Team Recruitment**

I am delighted to welcome Eddie Docherty as Director of Quality Assurance and Regulation. Eddie joins us from NHS Lanarkshire.

We are currently recruiting a Director of Nursing and Systems Improvement, with interviews due to take place on 2 April 2025.

**Chief Inspector of Regulation**

Our new Chief Inspector of Regulation/Associate Director joined the Quality Assurance and Regulation Directorate on 3 February 2025.

**COMPLAINTS HANDLING**

The refreshed HIS Complaint Handling Procedure was agreed by the Quality and Performance Committee in February 2025. Full roll out and implementation is now in progress. To date for financial year 2024-2025 HIS has handled and closed 12 Complaints about our services with 1 complaint currently being handled as Stage 1 (Early Resolution). Of complaints closed 8 (67%) have been managed at Stage 1 with 6 not upheld (75%) and 1 (13%) partially upheld. 4 complaints have therefore been managed at Stage 2 (investigation) with 1 not upheld and 3 partially upheld. 50% of complaints handled have

been subject to an authorised extension with the complainant, due to the complexity and nature of the complaint. 10 complaints are associated with the Quality Assurance Regulation Directorate (QARD).

## ONE TEAM

The One Team Programme was established in 2022 and has successfully delivered key changes supporting us to be more integrated and agile, including:

- Strengthening of ownership and delivery of improvement support to the system – across the Executive Team
- Development of HIS Employee to enable more flexible working across the organisation
- A more cohesive medical leadership model with the appointment of National Strategic Clinical Leads
- Embedding of a Quality Management System approach in the way we commission, deliver and manage our work
- The creation of HIS Campus in sharing knowledge and learning

Our focus now is on transitioning this work into our ‘business as usual’, ensuring continued governance and oversight through our relevant existing structures and management arrangements. Our digital work will be overseen by a new ‘Intelligence Implementation Group’ as proposed in the Digital, Data & Intelligence Strategy.

## EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

In January 2025, the First Minister [announced a series of priorities](#) for NHS reform and renewal. The Chair and Chief Executive met with the First Minister in February, and followed up with a letter to outline how HIS will support this work. These proposals have also been reflected in our draft integrated delivery plan for 2025-26.

The [Mental Health Scrutiny and Assurance Collaborative](#) framework was published in November 2024. HIS contributed to development of the framework and has committed to act as chair for the collaborative in its first year. The collaborative is intended to strengthen voluntary sharing of intelligence, help inform the activity and areas of focus of collaborative partners and the Scottish Government. It will complement the work of the Sharing Health and Care Intelligence Network.

In January 2025, Scottish Government announced proposed changes to the **National Care Service Bill**. The Bill completed Stage 2 on 4 March 2025, and will now be referred to as the Care Reform (Scotland) Bill. Part 1 of the Bill, containing the substantive sections on structural reform and accountability, has been removed. Parts 2 and 3 of the Bill will remain, and these were the focus for amendments at Stage 2. These sections cover care records, rights to breaks for carers, Anne’s Law, and procurement.

The **Scottish Hospitals Inquiry** published its [interim report](#) in March 2025. The report focuses on the ventilation at the Royal Hospital for Sick Children in Edinburgh and makes 11 recommendations. The Scottish Government will be taking the time to reflect on the findings and respond to each recommendation. Further hearings are due to start in April 2025 for phase 4 of the inquiry as it relates to NHS Greater Glasgow and Clyde.

## Royal College of Nursing Stakeholder Event

I was invited along with colleagues from Quality Assurance and Regulation Directorate to discuss care in non-standard care areas (such as corridors) and the impact on patient safety and staff wellbeing and the steps that can be taken to prevent this being normalised within our health and care services.

## 2. ACHIEVEMENTS

### Supporting the voices and Rights of People and Communities

The 2024-25 cycle of **Governance for Engagement** has been completed, providing assurance that HIS is meeting the requirements of the Quality Framework for Engagement and Participation. All directorates have submitted a self-assessment to the Governance for Engagement sub-committee and each externally facing directorate has a 12-month improvement plan which sets out priority areas for action. Following feedback from the corporate directorates, work has started on a tailored version of the self-assessment tool for their use during 2025-26.

At the end of Quarter 3, 70 out of a total of 79 eligible work programmes across HIS (89%) have an **equality impact assessment** in place and informing the work, while a further eight (10%) have undertaken a screening assessment to determine next steps. Only one programme during Quarter 3 reported that an assessment had not been started but was able to indicate a future date for progression.

Two pathfinder sites (NHS Dumfries & Galloway, NHS Forth Valley) agreed for pilot of the **Scottish Approach to Change**, with positive feedback on our support and engagement to date: 'The national guidance approach gives confidence and a road map for change'. First External Reference Group held on 21 January, chaired by Dr John Harden (National Clinical Lead for Quality and Safety, Scottish Government), bringing together expert input, guidance and stakeholder views to inform our work. Updated version of the [digital resource](#) to be published in March 2025, incorporating user feedback on the first draft published in December 2024.

Feedback on **Citizens' Panel 14 Report** (published November 2024) has been very positive:

- "Very useful to inform work on NHS Renewal. General Medical Council (GMC) Chief Executive plans to mention the usefulness of the Citizens' Panel to Cabinet Secretary.
- We are using Citizen' Panel 14 in outreach sessions with doctors about good medical practice including use of BRAN (benefits, risks, alternatives, do nothing) questions." (GMC)
- "Infographic contained in Citizens' Panel 14 is very helpful and will be used as a centrepiece for the national online shared decision-making resources and website" (NHS Education for Scotland)

On 29 January 2025, 11 participants from 10 health, social care, third sector and private care organisations graduated from cohort 4 of the **Care Experience Improvement Model Leaders Programme**. Overall, graduates rated the programme 96% positive. Cohort 5, with 18 new participants, started on 25 February.

Initiated development of a **Patient Charter** to explore positive experiences of community pharmacy that address stigma. Understanding patient experiences of community pharmacy alongside Dundee community pharmacy and third sector providers.

## **A Safer NHS**

**Publication of Adverse Events Framework** - The National Framework for Reviewing and Learning from Adverse Events in NHS Scotland was published on 25 February 2025. This framework was developed in collaboration with all NHS boards, consultation throughout HIS and with partner organisations. There is a focus on the importance of effective patient and family engagement for Significant Adverse Event Reviews (SAERs) to include what matters to them in the review and to consider any questions they have whilst maintaining regular contact throughout the process. Guidance is also provided regarding producing a good quality SAER report and learning summary along with the development of national templates which will ensure consistency throughout NHS Scotland. The importance of support for staff involved in adverse events is also a focus. The role in adverse events for HIS going forward is the monitoring of consistent and co-ordinated identification and notification of significant adverse events and developing the community of practice – our national learning system. This will maintain quality and improvement, and consistency in how NHS boards commission and undertake SAERs to improve quality.

**Safe Delivery of Care Overview Report** - Over the course of the past three years, our Safe Delivery of Care in acute hospital inspections have highlighted the sustained pressures across NHS Scotland, the impact of increased capacity within our hospitals, coupled with staffing challenges. Our reports have also pointed to where care has fallen below acceptable levels in non-standard care areas. Our inspections are important in helping to sustain improvements in priority areas as well as seeking to ensure wider national learning is identified and shared.

Our first Safe Delivery of Care national overview report will be published in spring 2025, this will consider and describe themes from our inspections, areas for improvement and areas of good practice that have been identified over the past three years.

**Maternity Services and Inpatient Adult Mental Health Services Inspections** - The extension of our Safe Delivery of Care inspection programme now includes maternity services and inpatient adult mental health services. The maternity services within acute setting inspections have been developed as part of a range of actions to support, improve and provide assurance of the current maternity service provision across Scotland. The first stage of maternity Safe Delivery of Care inspections will be undertaken in maternity services within the acute setting i.e. an obstetric-led or consultant-led hospital or maternity unit. Community-based and midwife-led maternity care will not be inspected at this stage.

The mental health inspections, started in response to the COVID-19 pandemic, have been focused on infection prevention and control which has acted as a lead into the wider considerations of the Strang 2020 report and its recommendations. The inspection methodology is now expanded to encompass wider determinates of safe delivery of care. Our inspection activity supports NHS boards to comply with national standards to improve patient outcomes, highlight areas of good practice and identify areas for improvement. Both newly developed inspection programmes – ie for maternal health care and mental health – commenced in January 2025.

All NHS boards have submitted their local self-assessments for the **Core Scottish Patient Safety Programme (SPSP) Mental Health Standards**. Analysis and publication of the findings due to be published early March 2025.

**Healthcare Staffing Programme (HSP)** has drafted the first *Health and Care (Staffing) (Scotland) Act 2019: 'HIS functions in relation to staffing'* report. The report outlines the progress HIS has made in fulfilling its duties outlined in the staffing legislation in the first year of enactment. A draft version was presented to the HIS Quality and Performance Committee on 19 February 2025 where it received positive feedback and support. The final report will be published on the HIS website in April 2025.

**Excellence in Care (EiC)**- the EiC team has worked closely with the Right Decision Service team to incorporate its quality of care review guidance and toolkit into the Right Decisions Service Platform. The app has just finished the user testing but has received highly positive feedback and compliments relating to its accessibility (mobile device and laptop), simplicity and how it is customisable, ultimately tackling the wealth of information within the guidance. Some quotes from the user feedback are below:

- *I really liked the mobile app and think it will make the Quality of Care review more user friendly. A super resource!*
- *I think it will make it easier especially when choosing the areas that you wish to focus your CAV.*
- *App supports the move to digital while also allowing traditional methods.*
- *It's easy to look at with nice colours and a good font size.*
- *Very easy to locate on the website, the link was very clear and visual.*

The content will be available from April 2025, over a year ahead of schedule.

### **NHS recovery and supporting a sustainable system**

**The Hospital at Home team** successfully hosted a National Hospital at Home event on 5 March. The event brought together over 100 delegates working in Hospital at Home services from across Scotland to share learnings, challenges and improvement and innovative approaches to Hospital at Home services. Delegates got to hear from a range of speakers from across NHS boards across Scotland from urban to remote and rural services. There was also the opportunity to hear speakers share their insights and experiences from two NHS Trusts in England.

The Cabinet Secretary for Health and Social Care, Neil Gray, closed the event by presenting a National Vision for Scotland. He reiterated the importance of Hospital at Home Services and said: "Events like today are vital in us understanding the challenges, and crucially we must work together to come up with innovative solutions to enable more people to receive treatment in the comfort of their own home, rather than in a hospital ward. And in doing so, we're relieving the pressure on frontline services, but also getting better outcomes for our patients."

Mr Gray also praised the work of teams across the country in growing their Hospital at Home services and said: "The Hospital at Home service is a great example of providing the right care in the right place at the right time, which is absolutely crucial to address the scale of demand that we're experiencing across our health and care services."

Due to the success of the older peoples/acute adult Hospital at Home programme Scottish

Government have asked HIS to explore extending the scope of the programme to support NHS boards increase capacity for all Hospital at Home services (such as paediatrics and respiratory) to help increase total capacity to 2,000 beds by December 2026.

The **Focus on Frailty** programme has opened for expressions of interest from teams seeking to establish hospital front door frailty pathways and improve integrated care coordination across primary, community and acute care. The programme will support delivery of the First Minister's frailty priorities for NHS renewal and the Scottish Government draft budget for 2025/26. The programme, grounded in the Ageing and Frailty standards, will draw on the evidence and learning from its recent impact report to improve access to and experience of person centred, coordinated health and social care for people living with frailty. Focus on Frailty is jointly led by the Medical and Safety and Nursing and Systems Improvement directorates.

HIS has developed a set of proposals for how we can support the next stage of the **National Drugs Mission**, which include collaboration with national delivery partners and development of a new Quality Management System for drugs and alcohol for Scotland. The proposals will be discussed at future meetings of the National Drugs Mission Delivery Group.

Achievements in local **delayed discharge improvement work** include continued reduction in the number of mental health/learning disability delayed discharges at Royal Cornhill Hospital (NHS Grampian): currently sitting at a 34% reduction. Health and social care staff in Dumfries & Galloway report increased confidence with development of a Standard Operating Procedure to support the discharge of adults with incapacity. Staff have also increased their knowledge through shared learning resources on discharge processes and legislation, leading to improved outcomes for patients.

We launched a pilot of a self-reflection tool and process to support areas across Scotland to evaluate their **mental health and substance use** systems and protocols against the national protocol, identifying areas of focus. This is alongside a **peer network for mental health and substance use** offering a platform for health and social care professionals across Scotland to share ideas, successes, and challenges.

**Pathways to Recovery** and **Medication Assisted Treatment (MAT) Standards** programmes featured positively in an [Evaluation of the National Mission on Drug Deaths](#) (Public Health Scotland, February 2025) and was [discussed in the Scottish Parliament](#) on 5 February.

**Focus on Dementia programme - Post Diagnostic Support (PDS) and Care Co-ordination** improvement programme has opened for applications for its next cohort. Each cohort will enter a 6-month improvement support phase where they will complete a PDS self-assessment tool to identify their areas of improvement – based on our newly developed Quality Improvement Framework for Dementia Post Diagnostic Support. We will support them to implement and test the changes. They will then receive light touch support following the end of each cohort, where teams will join a collaborative to be able to continue to learn and support each other to demonstrate impact. We are working closely with Focus on Frailty programme and reducing stress and distress team to ensure an integrated offer of support.

**Reducing Stress and Distress (Dementia) Improvement Programme** is a collaboration between HIS, Care Inspectorate and NHS Education for Scotland. Following an application process, we received 118 applications from hospital and care home teams. We are working



with 54 teams from hospitals and care homes across Scotland over a one-year period to improve dementia care by reducing stress and distress. To support teams to make improvements, we published a self-evaluation tool and change package in January 2025.

**Primary Care Phased Investment Programme (PCPIP)** - key developments across this programme are as follows:

- All demonstrator sites teams have completed data to understand the system which has been used to review and inform improvement plans
- A national week of care audit team has been designed based on the work within demonstrator sites to understand the system – this will be launched in March 2025
- A national primary care event is planned for 27 March 2025 with over 200 participants confirmed.

### **More Effective Care**

Work is underway as part of our commitment to continually improve our methodology and robustness of our advice: **Scottish Intercollegiate Guideline Network (SIGN) 50**: a guideline developers handbook, has been updated to reflect international development in guideline methodology and changes in Scottish context and practice. In support of NHS Scotland's commitment to anti-racism, for the first time it includes a section on critically appraising for anti-racism. We are proud to have SIGN 50 as a validated 'Once for Scotland' methodology handbook that anyone using a guideline or developing their own guidance could follow.

**The Scottish Medicines Consortium (SMC)** published a record number of detailed advice documents during 24-25, reflecting the team's success in reducing the previous backlog of medicines for consideration. By the end of March 2025, SMC will have published 96 pieces of advice, of which 63% were accepted and 34% not recommended.

**SMC** has been working with Healthcare Technologies Assessment (HTA) partners across the UK and the Medicines Healthcare Regulatory Authority to [refresh the UK wide Innovative Licensing and Access Pathway \(ILAP\)](#). The refreshed Innovating Licencing and Access Pathway (ILAP) offers a clearer, more streamlined and integrated process for pharmaceutical companies to help get transformative new clinically and cost-effective medicines to patients in the NHS in the shortest time possible. The refreshed ILAP will be open to applicants on 31<sup>st</sup> March 2025.

**Feedback from the National Screening Oversight Board** and community on the streamlined process and methodology for the prioritisation reviewing extant screening standards has been overwhelmingly positive. The new approach has seen close working with the national screening programmes and alignment with Public Health Scotland's development of patient resources (via NHS Inform) and key performance indicators.

**The Scientific Advice Team** within Research and Information Service (RIS) continues to roll out the Nested Knowledge AI enabled systematic review software. Its use is integrated fully into SIGN guideline production. The Scottish Healthcare Technology Group (SHTG) is phasing its use in via a set of pilot projects across its range of Evidence review products. Accelerated National Innovation Adoption (ANIA) Horizon scanning also uses Nested Knowledge. RIS has embedded into Nested Knowledge systematic review software the [EDI-PRO tool](#) for extracting relevant participant characteristics from studies to ensure that evidence appraisal explicitly considers equity, diversity and inclusion.

**The Right Decision Service (RDS)** has enhanced its digital infrastructure to improve resilience in response to increasing clinical use, including providing the contingency to download mobile versions of RDS toolkits if the website is temporarily offline. Other new features, led by user demand, include inbuilt QR codes to download individual mobile toolkits and the capability to embed calendars and maps.

**The range of national guidance produce by directorate work continues to grow, highlights include:** The national [Waiting Well](#) toolkit, commissioned by the Scottish Government Preventative and Proactive Care team and published on RDS. It provides tools and resources to maintain and improve health and wellbeing of people on a waiting list for a healthcare intervention. An innovative [Benzodiazepine tapering tool](#) is now available as part of the RDS toolkit for the national benzodiazepine prescribing guidance, developed for the Scottish Government Effective Prescribing team. This tool is expected to play an important role in reducing dependency on benzodiazepines and improving mental health.

**Standards and Indicators have worked with Right Decision Support (RDS)** to develop self-assessment tools for services based on our standards, including congenital heart disease and Gender Identity. In November the Standards team published Ageing and Frailty standards this year, working closely with teams across HIS to support consistent NHS reform across Scotland in access to specialist frailty units, community rehabilitation and support, Hospital at Home and access to palliative care.

**Scottish Healthcare Technology Group** published advice on [transcatheter aortic valve implantation \(TAVI\)](#) to inform strategic planning discussions on the use of Transcatheter Aortic Valve Implantation (TAVI) in Scotland, and advice on the stability of [prostate specific antigen \(PSA\)](#) in blood samples to inform Scottish suspected cancer referral guidelines.

**Scottish Healthcare Technology Group** continues to support Accelerated National Innovation Adoption (ANIA) decision making. Recent SHTG advice on the use of [AI that can help assess chest X-rays](#) for lung cancer has helped to inform a six-month period of intensive implementation planning.

**Scottish Antimicrobial Prescribing Group (SAPG)** has published updated [Guidance on initial antibiotic management of adults \(18 years and over\) with febrile neutropenia OR immunocompromised with sepsis of unknown source](#) which now includes a low risk pathway which supports patients who meet specified low risk clinical and social criteria to be managed at home and not in an inpatient setting as they would have been previously.

The recent engagement of the **National Cancer Medicines Advisory Group (NCMAG)** with the three Regional Cancer Advisory Groups was very positive and identified clear opportunities for further collaborative development, potentially including non-cancer medicines.

The **National Clinical Lead for Health and Justice** led on producing a Prison Pharmacy Contract: Options for Future Service Provision paper containing an options appraisal of service models and recommendations for future provision. The paper and its recommendations were then approved by NHS Directors of Finance, NHS Directors of Pharmacy, Integrated Joint Board Chief Financial Officers and NHS Board Chief Executives.

## **Organising ourselves to deliver**

Our draft **Annual Delivery and Financial Plan** has been submitted to Scottish Government following approval by the Board in an extraordinary meeting on 5 March and will be taken to the Board in public session at its June meeting.

Digital communication platforms for HIS continue to be developed and improved, with a **new intranet site** expected to be launched in April 2025. In addition, we have created a **Bluesky** social media account for HIS, which is running alongside our X (formerly Twitter) account with duplicated content, as we monitor engagement and response. The front page of the **website** has also been refreshed with images and an introductory video from our Chief Executive.

**The Significant Adverse Event Reviews Framework** was successfully launched with a background briefing to the media carried out for the first time for our organisation, which has directly led to important mentions of our work in BBC stories this month covering serious adverse events.

**HIS Employee** - As the first 6-month placement arrangements come to an end for the initial cohort of Project Officers and Administration Officers staff, working arrangements have been agreed for these staff to ensure continuity and certainty for both the individual staff and the Directorates with the need for their continued input. Work is ongoing to confirm commissioning arrangements as we move forward to assist with planning and transition of individuals as and when required across different programmes of work. This will be further developed in discussion with both the Executive Team and the Partnership Forum.

**Management Essentials Series (MES)** - Securing access to 'One Team' funding, enabled the development of a learning opportunity for managers in HIS. The MES was offered to managers via HIS Campus. Facilitated by Taylor Clarke Ltd, this comprises of 3 interactive modules, and between the start of the year and the end of March, 30 half-day sessions will have been delivered. All line managers have been encouraged to attend the live events; an on-demand recording of each module was made available via LearnPro for managers who were unable to attend, and other colleagues not currently in a management role, but with developmental aspirations. 139 managers have participated in these sessions. We are in the process of collating and analysing feedback at the end of each session block.

The MES Series has provided an opportunity for our management community to come together to explore and understand the HIS approach to the relational aspect of managing people, and the impact that managers have on staff experience and performance. It has also enabled exploration of relevant management issues including building relationships and team dynamics, supporting and managing performance, communicating effectively and managing during change and uncertainty. The final module (currently in play) is exploring important concepts including psychological safety and emotional intelligence.

**The HIS Campus Group** will continue to work with colleagues from People and Workplace, Partnership Forum and Directorates to further consolidate and build on the learning from this foundational series, through all opportunities delivered via HIS Campus.

**See Me in the Workplace** is a national programme to end mental health stigma and discrimination. As a board we have signed up to the See Me in Work Programme. Our

working group is currently working through the assessment tool, aiming for completion of this process by end of August, followed by the issue of an all-staff questionnaire. This enables results from the assessment process to be compared with questionnaire results. This will identify gaps in perceptions and support; the working group will subsequently develop an action plan to address this across HIS.

**Mentally Healthy Workplace Training for Managers** - Two managers completed the 'training for trainers' in mid-February. Discussions are underway to develop an approach to provide Mentally Healthy Workplace Training for Managers, in-house over the coming years. These sessions will be available for all managers to attend and will be advertised via HIS Campus in the usual manner.

**iMatter 2025** will launch to all staff on Monday 19 May for three weeks. The questionnaire period will close on 9 June with the iMatter Team, Directorate and Board reports available from midday on 10 June. OD&L team are already meeting with Directorate senior teams to highlight timelines and also encourage discussions within the Directorate for managers to engage with staff with regard to team structure prior to the questionnaire go-live date. Managers and Directors are encouraged to review their 2024 action plans prior to the launch of iMatter 2025. The iMatter Steering Group will meet in April to assess progress related to the iMatter Action Plan that was brought together on the back of the 2024 results.

**Improvement and Inspection Joint Working** - Improvement and inspection colleagues held a session to share and learn together on Friday 7 March. Our Associate Director of Improvement and Safety and our Chief Inspector/Associate Director of QARD jointly chaired the half-day session, which was designed to foster reciprocal relationships. Attendees (n=30) evaluated the meeting highly. The feedback demonstrated an ask for this to be the first of future sessions, which are longer and include more in-depth discussion between teams with shared specialty focus. Attendees particularly valued the opportunity to network and make new connections, providing an opportunity to see their own work within the context of the wider organisation. Becoming more highly networked through sessions such as this one is both an important step in our 4Ps work to improve organisational performance and a practical example of partnership in action.

An After-Action Review (AAR) has been undertaken following the **responsive support** delivered by HIS in relation to the national mission to reduce delayed discharges. The AAR evaluates the effectiveness of the responsive support offered, the insights gained from the process and provides a framework for future development of the responsive support approach.

**The Evidence and Evaluation for Improvement Team (EEvIT)** joined the Evidence and Digital Directorate from Nursing and Systems Improvement. The transition is going well as EEvIT becomes a welcome element of our RIS.

The medical **Senior National Clinical Leads** recruited in 2024 as the first phase of establishing a new medical workforce model for HIS have completed their first six months in post. They are all making significant contributions to a range of important, cross-organisational quality assurance and improvement work for HIS. This includes support for Inspections and the Responding to Concerns programme. In the coming year, we will increase the more strategic aspects of their role, particularly advising the HIS Executive Team & Board and engaging the wider medical profession in Scotland and the UK.

Building on the existing connections across **inspection and improvement colleagues**, a broader network for wider sharing and collaboration held its first session in March. This network will form an important part of the HIS Quality Management approach supporting the sharing of knowledge and learning of work and provide improved sign posting and support externally to the system.

The **Medicines and Pharmacy team** successfully hosted two final year Pharmacy Students from the University of Strathclyde for two weeks of experiential learning. During this period, they engaged with several programmes from across the directorates where pharmacists are involved and linked with other roles including health service researchers, health economists, and nursing colleagues to experience the wide variety of work that HIS are involved with. The students greatly appreciated the time given by all the staff involved and enjoyed understanding the work of HIS.

### 3. CHALLENGES AND ISSUES

Currently there are five active **public inquiries** which are impacting directly on this organisation, in a variety of ways, and which may not conclude for several years. Since the departure of the Head of Corporate Development in October 2024, the Corporate Governance team has led on inquiry support, however there is not capacity for this to continue on an ongoing basis. Given the breadth of scope and likely long term timescale for these, dedicated resource from the Senior Leadership Group will need to be identified to bring a strategic overview to all of the inquiries, to make key decisions about content of witness statements and give advice to colleagues, and for liaison directly with the solicitors of the inquiries and with our own advisers in the Central Legal Office.

We have met the **Chief Pharmaceutical Officer for Scotland** to discuss ongoing concerns relating to lack of clarity on the status of the NCMAG's advice to NHS boards. The incoming HIS Chief Pharmacist will continue to work with Scottish Government to progress this and will engage further with Directors of Pharmacy on the further development of the programme.

#### Workforce

**Promoting Attendance** - Whilst there is a slight decrease in the absence rate over recent months, sickness absence rates remain higher in comparison to the previous year. A short life review group has now been established comprising of members with the relevant expertise and partnership representatives. Two meetings have taken place to date to consider the data and reasons which may have contributed to higher sickness absence levels, and to identify support for line managers in providing the appropriate level of support for their staff experiencing health or other issues. The group will also explore the areas within the organisation with the highest levels of absence and consider any contributing or relevant factors which may be causing this and what further support may be required.

This group will report its findings, recommendations and actions to the Staff Governance Committee to give assurance of how we are improving the supportive management of staff experiencing health and wellbeing issues, identifying any additional tools or measures we should consider promoting attendance at work. The review group is jointly chaired by the Director of Workforce and the Employee Director.

Start-up delays with the **Volunteer Management System** project have incurred a significant underspend in the 24-25 budget. A mitigation solution has been approved by the Executive Team which will ensure the development can still be delivered in the next two years. The preferred supplier will commence work in March 2025.

Following the departure of the Medical and Safety Directorates' **Associate Medical Director** there are now two Associate Director vacancies in the Medical Directorate, the other being Chief Pharmacist. However our new Chief Pharmacist will join HIS on 5 May 2025.

### **System capacity and pressures**

There remains a risk that **NHS boards and Health and Social Care Partnerships (HSCPs)** do not undertake meaningful engagement in line with *Planning with People* Guidance because of system pressures resulting in reputational risk for HIS in not delivering our statutory duty to quality assure engagement in relation to service changes.

**Healthcare Staffing Programme (HSP)** - Observation studies underpin the methodology for staffing level tool development. In 2024, the HSP engaged with NHS Scotland Boards to undertake these studies, utilising the board staff to be the observers. Although the studies were completed, it was evident that this approach was inefficient, costly and unsustainable for the boards going forward. HSP are currently drafting a business case to go to the HIS Executive Team to present alternative options for an improved employment model.

**System capacity** has also impacted the timescales for work in our Mental Health and Drugs and Alcohol programmes which rely on partnership working with NHS boards to deliver outputs. The return deadline for the Core Mental Health Local Assessments had to be extended by two months.

**Excellence in Care (EiC)** - One of the main challenges experienced across the EiC programme is the consistent and reliable provision of data from the health boards to the Care Assurance and Improvement Resource dashboard. The national submission rate across all measures still sits at ~60%. This is influenced by several factors including inconsistencies in the systems and processes within the boards, the recruitment and variation in the role of the EiC eHealth lead, the onerous process to update the reference files and an imbalance in the value against the required work for submissions.

Over the last quarter, there have been several actions taken by the EiC team, both short and long term focused, to improve the submission rates. For example, there has been an introduction of a new reference file process to reduce the input required for upkeep, introduced an eHealth lead forum to share learning and encourage problem solving relating to measure submissions, and the standardisation of manual data collection tools which are more closely linked to assurance auditing and quality control rather than simple data collection.

**Hospital at Home** Challenges remain that increasing financial pressures and continued non-recurring funding is impacting Hospital at Home services, particularly in relation to consistent staffing, this was a theme that was consistently raised by boards at the national event on 5th March. Financial pressures are also making it difficult for established services to backfill and recruit posts. Altogether this will have an impact on the sustainability of Hospital at Home services.

## 4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

### COMMUNITY ENGAGEMENT & TRANSFORMATIONAL CHANGE

Collecting qualitative feedback and lived experience from people who use or have recently used **Sodium Valproate**. This is used to treat epilepsy, bipolar disorder, migraine and other conditions, but it can have an adverse effect on pregnancies. The final report is due in August 2025. Initial findings shared with the Area Drug and Therapeutics Committee Collaborative. Partners in NHS boards and Scottish Government have welcomed the patient stories, describing them as a powerful influence on how services are delivered in future.

Working with an external partner to gather insights from up to 100 individuals on their **lived experiences** of mental health and substance use care, supporting improvement, redesign activity and related resource development.

**Community Engagement & Transformational Change (CETC)** were invited by the Simon Community to their 'Connect hub' to understand and explore **women's experiences of drugs and alcohol recovery**. These experiences will inform Perinatal Quality Management System work within HIS.

Supporting the Chief Scientist Office at Scottish Government to plan a public consultation on the ethical use of bloodspot cards collected by the Scottish Newborn Screening Programme (also known as the **Guthrie Card Index**). This is a very sensitive subject relating to blood samples taken from newborn children over many decades, without parents being fully informed, and we are providing feedback on the questions which will form the consultation.

Implementing an **outreach strategy** in partnership with public libraries across Scotland to build awareness of our work and to extend the reach for potential participants for social research activities.

A **Clinical and Operational Reference Group** meeting on 19 February brought together stakeholders from NHS Greater Glasgow and Clyde, NHS Lothian, third sector, and Scottish Ambulance Service to discuss the four-quadrant model, resulting in the development of clinical vignettes for people with differing needs to accompany the mental health and substance use protocol.

Working with NHS Education for Scotland (NES) to ensure that public engagement is embedded into their **Digital Front Door** approach which goes live in December 2025. This is the first major public-facing app developed by NES, and our input will ensure it is accessible and user friendly.

A **webinar on Data Sharing to Prevent Harm** on 23 January was attended by over 100 people. With an additional 42 people watching the recording. Participants benefited from presentations from our Caldicott Guardian covering legislation and resources available for use to promote safe data sharing.

A **What Matters To You? webinar** on 15 January entitled [Bringing heart and humanity back to healthcare](#) was attended by 109 people. Feedback for the webinar was positive with attendees rating the webinar 4.9 out of 5 overall.

Delivered the third webinar in our Mental Health Reform webinar series on 29 January, entitled **Thoughtful and ethical approaches to risk for people with a diagnosis of a personality disorder**, with over 1,000 registered attendees and over 600 people attending.

Held a codesign workshop in Perth & Kinross HSCP on 28 January with 70 stakeholders from health, social care, third sector and Police Scotland to ensure right care at right time and reduce rejected referrals for **mental health and substance use**. Best practice shared and a thematic analysis and discussion paper developed to inform leadership and support the implementation of the integrated referral hub model across Tayside.

Events held to communicate and support the development of the **Scottish Approach to Change** across the UK and Scotland as the first stage of establishing a Learning System for the approach.

Two introductory **HIS Campus sessions on the Scottish Approach to Change** in February helped raise awareness to over 40 Healthcare Improvement Scotland staff at all levels, building understanding of its application in their work. The recordings are available on LearnPro for all staff to access.

Delivered a **National Learning Session on Crisis and Out-of-Hours Care** on 27 February with 205 participants looking at links to the national mental health and substance use protocol, peer support, unscheduled care, and Safe Spaces. Feedback from participants highlighted improved understanding of crisis and out-of-hours services, considerations for supporting various age groups and measures to improve engagement and practice.

Learning session (40 attendees) for the **Service Design Community of Practice** on the use of personas. This approach helps raise awareness of and highlights challenges faced by vulnerable groups in Scotland when accessing crucial support and advice.

Second meeting of the **Coming Home** Peer Support Network on 6 February, with 38 members from across 21 HSCPs to learn more about implementing the Dynamic Support Register locally.

**Volunteer practitioners' network** event held with Disclosure Scotland on 15 January, exploring the implications of the introduction of the new Disclosure Act in April 2025 for volunteers.

144 members so far registered for the **Strategic Planning Community of Practice**, providing a forum for skills development, knowledge sharing and peer support for strategic planners working across health and social care in Scotland.

Delivered workshop with NHS Ayrshire & Arran colleagues focusing on applying a human rights based approach to progressing mental health and **learning disability related delayed discharges** to 27 attendees.

Three workshops were held in January to develop a Target Operating Model and a user interface for the new **Volunteer Management System**. Each workshop was attended by representatives from Scottish Government, Volunteer Managers from NHS boards and other key stakeholders from national public bodies.



Workshop to develop a Social Care Vision with social work, social care and NHS leaders in Dumfries and Galloway. This supports cross-sector collaboration around **delayed discharge for adults with incapacity** and wider work to reduce pressure on acute services by increasing the use of community-based provision.

Jointly with NHS Education for Scotland (NES) delivered a learning event on [Medication Assisted Treatment \(MAT\) Standards in Community Pharmacy](#) to a multi-sector audience. Successfully raised awareness of the standards whilst managing system capacity by providing the session after office hours.

Aberlour Childcare Trust has invited us to be part of their **Mother and Child Recovery House** strategic group to support the development of their innovative model to recovery. HIS colleagues connected to the perinatal standards development are negotiating a focus group to develop the standards of care.

The First Minister launched a **National Collaborative** in December 2024 positioning the human rights agenda squarely inside the drug and alcohol mission, evidencing his ongoing support and commitment to progressive realisation of human rights-based approaches.

There are ongoing discussion with Scottish Government Housing Policy leads to explore our engagement in the incoming **'Ask and Act'** statutory duties that will affect relevant bodies and help them to understand how best to engage across the NHS.

## **EVIDENCE & DIGITAL**

SIGN recently carried out two surveys relating to the recently published Dementia and Perinatal mental health guidelines to understand how they were being implemented. Results show that respondents were using the guidelines for their own learning, as well as in making decisions with patients. Results also indicated a lack of awareness of the guidelines and that resource and capacity are barriers to implementation.

We are delighted to be advising NHS Lothian on its strategy for developing use of the Right Decision Service (RDS) as a key enabler of evidence-based practice. RDS is also collaborating with NHS Lothian to evaluate impact of its toolkit for management of infectious diseases.

RDS is working with the Scottish Government Realistic Medicine Team, Community Engagement and the ALLIANCE to deliver three workshops to consult on the next stages of the [Being a Partner in my Care](#) toolkit, which supports citizen participation in Realistic Medicine.

Overall RDS usage statistics show an increase of 13.1% in number of RDS users in January 2025 compared with January 2024.

The Research and Information Service (RIS) continues to provide evidence to support national work beyond HIS. RIS provided evidence updates for the Scottish Referral Guidelines for Suspected Cancer in collaboration with the Centre for Sustainable Delivery, collaborated with Public Health Scotland on healthcare inequalities evidence that will underpin the development of Scottish Government's forthcoming 10-year Population Health Plan.

In February, **The Scottish Medical Consortium** hosted colleagues from the Centre for Innovation in Regulatory Science to understand more about their research into Health Technology Assessment (HTA) outcomes around the world.

**The Scottish Healthcare Technology Group** participated in the Health Technology Assessment International (HTAi) Global Policy Forum in January, where the focus was on the digitalisation of HTA and the role of artificial intelligence in HTA lifecycle activities.

In February, **the Scottish Healthcare Technology Group** was invited to present to the Glasgow University MedTech Society, providing an overview of its processes and explaining how SHTG informs decision making at a national level.

**The Scottish Antimicrobial Prescribing Group** is working closely with antimicrobial management teams, Antimicrobial Resistance and Healthcare Associated infection Scotland and Scottish Government to develop national supplementary targets to support the delivery of the UK National Antimicrobial resistance action plan for 2024-29. The national supplementary targets will provide health boards with key areas for focus and improvement. These will help to focus attention on better defined smaller areas of practise that can overall have an impact on the delivery of the UK National Antimicrobial resistance action plan targets, separating the specific challenges in primary and secondary care

In support of the Primary Care Phased Investment Programme a researcher from **the Evidence and Evaluation for Improvement Team (EEvIT)** visited Shetland to conduct a series of interviews and focus groups and engaged with 25 people across three primary care practices over two days.

## **FINANCE, PLANNING & GOVERNANCE/COMMUNICATIONS TEAM**

As part of the development of our Integrated Plan 2025-26, for the first time we held an engagement session with Scottish Government (SG) Policy Leads in February, to update on progress and support a shared understanding of priorities. Our engagement with SG has been well received and direction of travel endorsed.

## **NURSING & SYSTEMS IMPROVEMENT**

**Focus on Dementia programme** - We work closely with our national partners across all our programmes. Our Reducing Stress and Distress Improvement Programme was developed and is being delivered in partnership with the Care Inspectorate and NES.

We presented our future Post-diagnostic Support (PDS) improvement offer to Dementia Consultants and PDS Leads.

We regularly engage with Active Voices (Alzheimer Scotland) to ensure we capture the voices of people with lived experience and those who care for them.

We host a Dementia PDS Leads Network quarterly meeting with over 90 members covering every health and social care partnership. It offers the opportunity for colleagues to collaborate, overcome barriers, and share learning and good practice in relation to PDS and care co-ordination.

**Primary Care Phased Investment Programme (PCPIP)** - We are working in collaboration with Public Health Scotland as part of the data, measurement and evaluation component, with a formal Service Level Agreement in development.

There are connections with Evidence and Evaluation for Improvement Team (EEvIT), Data Measurement and Business Intelligence, and SHTG in delivering this programme of work.

**Hospital at Home** - We are working in a new partnership with Public Health Scotland (PHS) to support the development of a national data collection process for all Hospital at Home services. The initial phase will summarise service-level data based on the process HIS developed and manage for older people/acute adult Hospital at Home services but will be applied to all Hospital at Home services. The second phase will be based on patient-level data which will provide greater intelligence on the role of Hospital at Home for addressing inequalities. This project will result in PHS producing official statistics for Hospital at Home and will eventually allow HIS to re-direct capacity currently used to manage data collection processes.

## **QUALITY ASSURANCE & REGULATION**

**Death Certification Review Service Meetings with Health Boards** - The Death Certification Review Service (DCRS) annual meetings with health boards to review performance in relation to improving Medical Certificates of Cause of Death (MCCD) took place during September 2024 and December 2024. Individual meetings with all boards were carried out to discuss the outcomes from death certification reviews for MCCDs written within each health board. The meetings concentrated on quality improvement and quality control with the purpose of:

- Strengthening how we support quality improvement through constructive professional dialogue.
- Promoting a learning system by learning from, sharing and spreading any innovative and effective practice identified.
- Using the range of information available to make a professional judgement about a service's capacity for improvement and, where necessary, identify recommendations for improvement and engage in follow-up interventions which can include signposting to and provision of practical improvement support.

There was good engagement which has provided DCRS with a number of positive outcomes within boards. These included a focus on adverse events, providing laminated educational materials available within wards, providing a distraction free area for doctors completing MCCDs and carrying out internal case reviews at 6 monthly mortality and morbidity meetings. The team will continue to work with the boards to support best practice to improve 'not in order' rates and prevent unnecessary delays for grieving families.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>HIS Quality Assurance and Regulation Plan</b>
<b>Agenda item:</b>	<b>2.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Eddie Docherty, Director of Quality Assurance and Regulation</b>
<b>Report Author:</b>	<b>Louise Bruce, Operations Manager</b>
<b>Purpose of paper:</b>	<b>Awareness</b>

## 1. Situation

The purpose of this paper is to provide the Board with an overview of the Quality Assurance and Regulation Plan for 2025-26. This plan details the planned inspection, regulation and review activity that the Quality Assurance and Regulation Directorate (QAD) will deliver in 2025-26.

## 2. Background

Healthcare Improvement Scotland (HIS) provides independent scrutiny and assurance of the quality and safety of healthcare in Scotland. We do this through the inspection of NHS hospitals and services; the regulation of independent healthcare; and focused reviews of healthcare services. We have developed a Quality Assurance System that sets out the core guiding principles, standard operating processes and quality assurance framework which underpin all our work. Our assurance functions aim to support providers to improve the quality of care for the people of Scotland and we work with a range of statutory bodies including the Care Inspectorate, His Majesty's Inspectorate of Prisons for Scotland and NHS Education for Scotland.

Each year QAD develops a quality assurance and regulation plan which is a subset of the HIS strategy and operational plan. The quality assurance and regulation plan describes the range of inspection, regulation and reviews we will be undertaking, including those led by HIS and those where we work in partnership with other scrutiny bodies. The plan is published on the HIS website and updated quarterly, or whenever changes to the plan are required (for example, if we undertake a new commission).

In addition to our established quality assurance and regulation programmes, QAD frequently receives Ministerial commissions to undertake targeted scrutiny and assurance activity in response to new or emerging concerns. These commissions are usually high-profile requests, often made at short notice, which require the directorate to rapidly redeploy resource and reprioritise existing work programmes.

### 3. Assessment

HIS's inspection, regulation and review activities are key components of our strategic priorities in relation to the safety and quality of care. **Appendix 1** sets out our planned quality assurance and regulation activity for 2025-26. Demands on all assurance programmes have increased in response to increased pressures in the system and our deliverables across all established inspection, regulation and review programmes have been adjusted to reflect current available resource and capacity.

This plan will be continually reviewed throughout the year and could be subject to change in light of other assurance imperatives that may emerge during the year. For example, any new Ministerial requests for *ad-hoc* reviews cannot be delivered within current resource and new assurance imperatives will require us to consider what existing programmes of work need to be reduced or reprioritised.

As with previous years, it is anticipated we will need to continue to finely balance the important role that all our quality assurance and regulation programmes play in assuring safe systems of care, with the ongoing challenges facing the health and social care system. We will need to be prepared to adapt what and how we assure in response to changing risk profiles and service pressures to continue to provide proportionate, risk-based assurance for patients and the public. We will continue to take an intelligence led and risk-based approach to all our work and target our resources effectively. We will also continue to co-ordinate our activities and work with partner agencies to avoid a disproportionate scrutiny burden or duplication of activity.

#### Assessment considerations

<b>Quality/ Care</b>	All our quality assurance and regulation programmes are focused on improving the safety and quality of care for people in Scotland and the attached plan details how we intend to deliver our statutory functions and assurance priorities during 2025-26 in the context of HIS's overall priorities.
<b>Resource Implications</b>	<p>The planned activity for 2025-26 will be delivered within core budget and agreed allocations and takes into account the organisation's required savings targets. Any additional external assurance asks during the financial year will require appropriate additional resources, or review and revision of existing plans.</p> <p>Delivering the Quality Assurance and Regulation Plan is achieved through planning and flexing our staffing to respond to our assurance priorities. Capacity planning enables us to identify staffing requirements for each programme, taking account of the skills, experience and knowledge required to deliver our work programmes.</p>
<b>Clinical and Care Governance (CCG)</b>	Work programme delivery takes account of the HIS CCG Framework principles with mechanisms in place to review requirements for each programme. Any CCG risks are reviewed monthly by the QAD CCG.
<b>Risk Management</b>	Each programme identifies, manages and monitors any operational risks to programme delivery. Where a new

	<p>commission is received, the risk and impact of undertaking the commission is assessed, and mitigations put in place where required.</p> <p>Strategic <b>risk 1160</b> details the risk if inspections or other assurance activity fails to identify significant risks to the safety and quality of care and strategic <b>risk 1159</b> details the financial, clinical, policy and operational risks that could impact the organisation's ability to effectively regulate independent healthcare services.</p>
<b>Equality and Diversity, including health inequalities</b>	<p>Each programme undertakes the required Equality Impact Assessments and considers any programme specific requirements in relation to the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.</p>
<b>Communication, involvement, engagement and consultation</b>	<p>Communication and engagement with a range of stakeholders including Scottish Government, other scrutiny bodies, service providers and service users takes place at both a strategic and operational level across our range of scrutiny and assurance programmes.</p> <p>Where QAD works with partner organisations to deliver our work we take account of this when developing the Quality Assurance and Regulations Plan.</p> <p>The plan will be published on our website and shared with relevant stakeholders.</p>

#### 4 Recommendation

The Board is asked to note HIS's planned activity for 2025-26 detailed in Appendix 1 for information.

It is recommended that the Board/Committee accept the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

#### 5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, HIS Quality Assurance and Regulation Plan 2025-26



# Healthcare Improvement Scotland Quality Assurance and Regulation Plan 2025-26

Updated March 2025

Healthcare Improvement Scotland's Quality Assurance and Regulation Directorate aims to make a real difference to the people of Scotland by providing confidence in the quality and safety of care provided by the NHS and independent healthcare providers, focusing on issues that we know matter most to people using services, their families and carers. We do this through independent targeted assurance work, which encourages improvement in the quality of health and social care.

Our quality assurance and regulation activity is split into three categories: inspection, regulation, and review (including responsive inspections or reviews). We undertake these activities in a planned and proactive manner to provide public assurance on safety and quality of care and highlight areas of good practice and opportunities for learning to support ongoing improvements across the whole of Scotland.

Our plans for each programme from April 2025 to March 2026 are outlined below. This annual Quality Assurance and Regulation Plan is continually reviewed and may be subject to further change in response to emergent external scrutiny priorities and changing resource considerations.

An indication of the planned number of inspections and other key assurance activities are detailed below where available, however the number of planned inspections may change during the year. There are several reasons for this, including the complexity of inspections, follow-up activity that may be required in response to inspection findings, and new requests for external quality assurance in response to emergent concerns which may require the rapid redeployment of resource and reprioritisation of existing work programmes.

# Inspection

## NHS Inspections

Our NHS Inspections currently focus on four areas - hospital inspections, adult mental health inpatient service inspections, maternity inspections within the acute setting and the inspection of healthcare within justice.

Over the coming year we will continue our safe delivery of care methodology for inspections of NHS hospitals. Our mental health services and maternity inspections within the acute setting will also be undertaken using our safe delivery of care methodology. We will also continue to work in collaboration with partner agencies to inspect healthcare services within prisons and police custody.

All our NHS inspections will take account of and respond to the pressures being experienced across NHS Scotland that may impact on the safe delivery of care, reporting this impact on patient care through inspection reports.

<b>Programme</b>	<b>Programme Aim</b>	<b>Scrutiny body/ bodies involved</b>	<b>Inspection activity</b>
NHS Acute Hospital inspections	To provide assurance of the safe delivery of care in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	Our single and multi-site inspections will continue to be risk-based and proportionate. It is intended 10 hospital inspections will be carried out within NHS board areas between April 2025 and March 2026.  Inspection reports and associated improvement action plans will be published on our website. Locations of inspections are not available as these are unannounced.
NHS Acute Adult Mental Health Inspections	To contribute to the safety and wellbeing of patients and service users within mental health services through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	There are 10 inspections planned for 2025-26. A report will be published for each inspection.



Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
NHS Acute Maternity Inspections	To provide assurance of the safe delivery of perinatal services in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	There are eight inspections planned for 2025-26. A report will be published for each inspection.
Joint inspection of prisoner healthcare	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to provide expertise to the inspection of healthcare in prisons in Scotland.	His Majesty's Inspectorate of Prisons for Scotland (lead agency) and Healthcare Improvement Scotland	There are four inspections planned for 2025-26. A report will be published for each inspection. Follow-up activity (eg inspections) will also take place where required.
Joint inspection of police custody centres	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Constabulary for Scotland (HMICS) to provide expertise to the inspection of healthcare in police custody centres in Scotland.	His Majesty's Inspectorate of Constabulary in Scotland (lead agency) and Healthcare Improvement Scotland	There are three inspections planned for 2025-26. A report will be published for each inspection. Follow-up activity (eg inspections) will also take place where required.

## Multi-agency Inspections

Our strategic multi-agency inspection programmes focus on three areas - joint Inspection of adult support and protection, joint inspection of adult services and joint inspection of services for children and young people.

Joint adult support and protection inspections were led by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland as part of the Scottish Government's Adult Support and Protection Improvement Plan 2019-2022. The plan built on the joint inspections of adult support and protection that were undertaken in 2017-18. We have now completed phase one of our programme of joint inspections of adult support and protection. We jointly inspected 25 partnerships and published our [findings](#).

Phase 2 of the adult support and protection programme has been designed with a clear improvement focus. It comprises four complementary workstreams including: inspection activity; the development of a quality improvement framework which will be available for use by the sector to support multi-agency self-evaluation; progress review activity with partnerships found to have significant areas for improvement during phase 1 and focused work related to early intervention and trauma informed practice. Phase 2 of this programme is due to complete at the end of July 2025.

The joint strategic inspections of services for adults, and for children and young people, will continue with the same respective methodologies as during 2024-2025. In 2025-2026 joint inspections of adult services will focus on adults living with mental illness and their unpaid carers. Joint inspection of services for children and young people will change its focus from children at risk of harm to children looked after at home, from autumn 2025.

Programmes will be kept under regular review for any impacts of the reduced financial envelope and any new commissions on our ability to deliver planned work with the resources available to HIS and our partner agencies.

<b>Programme</b>	<b>Programme Aim</b>	<b>Scrutiny body/ bodies involved</b>	<b>Inspection activity</b>
Joint inspection of adult support and protection (phase 2)	This work seeks assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements and supports adult protection partnerships to improve.	Care Inspectorate (lead agency), Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland	The fourth and final phase 2 workstream will conclude in summer 2025. This workstream comprises supported self-evaluation activity with 11 volunteer adult protection partnerships, focusing on support, early intervention, prevention, and trauma informed practice in adult support and protection.
Joint inspection of adult services (integration and outcomes)	Healthcare Improvement Scotland has a statutory responsibility to undertake joint inspections of services for adults with the Care Inspectorate.	Healthcare Improvement Scotland and Care Inspectorate	The intention is to complete up to two joint inspections of health and social care partnerships during 2025-26. These joint inspections will focus on the effectiveness of Partnership working in creating seamless services that deliver good health and wellbeing outcomes for people and their unpaid carers, through the lens of different service user groups.
Joint inspection of services for children and young people	The inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of	Care Inspectorate (lead agency), Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland.	Development work to develop and implement a joint methodology for inspections with a new focus on children looked after at home with commencement of first of 6 inspections planned for autumn 2025.

	Scotland's 32 local authorities.		
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## Regulation

Our regulation programmes focus on delivery of all elements of our regulatory responsibilities for both independent healthcare (IHC) and Ionising Radiation (Medical Exposure) Regulations (IRMER). This includes proactive inspections, responding to notifications of incidents and enforcement activity for both programmes of work, and registration of IHC services and investigations of complaints about these registered services.

As well as delivering these programmes we are working through a period of review and improvement for both IHC and IRMER. Currently both are part of the external review of our regulatory activity. In relation to our IRMER inspection activity we are developing a new graded approach to the inspection of all facilities where ionising radiation is used for medical exposures.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Ionising Radiation (Medical Exposure) Regulations (IRMER)	Through inspections and the notifications process, the aim of this work is to provide public assurance of the safe use of ionising radiation for medical exposure.	Healthcare Improvement Scotland	An inspection plan is in place to carry out at least 10 inspections. Routine inspections are announced. In addition, we will respond to all notifications (approximately 130 per year) and take forward recommendations from the Integrated Regulatory Review Service mission.
Independent Healthcare (IHC)	Healthcare Improvement Scotland is the regulator of registered independent healthcare services in Scotland.  Our regulatory functions include: <ul style="list-style-type: none"> <li>• registering IHC services</li> <li>• proactive inspections of registered services</li> <li>• investigating complaints about registered IHC services</li> <li>• responding to notifications from IHC registered services</li> <li>• taking enforcement action of registered IHC services where necessary, and</li> </ul>	Healthcare Improvement Scotland	The planned number of inspections of IHC services for 2025-26 is 129 to take account of ongoing internal deep dive review of systems and process for the regulation of independent healthcare. Planned inspection numbers will be reviewed once we are aware of the number of new registrations from independent medical agencies and may increase during 2025-26.  The number of planned inspections may change throughout the year for a range of reasons including: <ul style="list-style-type: none"> <li>• high priority reactive activity that requires resource to be diverted from planned inspections</li> <li>• cancelled registration of a service</li> </ul>

	<ul style="list-style-type: none"> <li>continued development work to support the regulation of IHC.</li> </ul>		<ul style="list-style-type: none"> <li>follow-up inspections in response to initial inspection findings.</li> </ul>
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## Review (including ad hoc investigations or reviews)

Our bespoke review programmes contribute to two key themes:

1. Working collaboratively to review and respond to concerns about the quality and safety of services:

- Responding to Concerns, and
- Sharing Health and Care Intelligence Network

2. Reviewing and learning from adverse events, children and young people’s deaths, and death certification:

- Management of adverse events
- National hub for reviewing and learning from the deaths of children and young people, and
- Death Certification Review Service

In addition to the above review programmes, **responsive reviews** may be commissioned by Scottish Government or instigated by Healthcare Improvement Scotland to address an identified need.

### Working collaboratively to review and respond to concerns about the quality and safety of services

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Responding to Concerns	Healthcare Improvement Scotland has a duty to respond to patient safety/quality of care concerns raised about NHS services by NHS Scotland employees or referred to us by another organisation. All concerns made to us are subject to a level of assessment to ensure an appropriate response.	Healthcare Improvement Scotland	Ongoing process of assessment and investigation of concerns raised, and communication with those raising concerns.  Internal systems and processes for responding to concerns will be further improved, through the implementation of recommendations from an external review which took place during 2024.
Sharing Health and Care Intelligence Network	The Sharing Health and Care Intelligence Network (SHCIN) is a mechanism that enables seven national organisations with a	<ul style="list-style-type: none"> <li>Audit Scotland</li> <li>Care Inspectorate</li> <li>General Chiropractic Council</li> <li>General Dental Council</li> </ul>	The SHCIN focuses on prioritisation of emerging issues in the health and care system which supports a more agile and

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
	scrutiny, improvement, or training role at system/service level in Scotland, and nine professional regulators, to share, consider, and respond to intelligence and emerging issues that may indicate risks about health and social care systems across Scotland.	<ul style="list-style-type: none"> <li>• General Medical Council</li> <li>• General Optical Council</li> <li>• General Osteopathic Council</li> <li>• General Pharmaceutical Council</li> <li>• Healthcare Improvement Scotland</li> <li>• Health &amp; Care Professions Council</li> <li>• Mental Welfare Commission for Scotland</li> <li>• NHS Education for Scotland</li> <li>• Nursing and Midwifery Council</li> <li>• Public Health Scotland</li> <li>• Scottish Public Services Ombudsman</li> <li>• Scottish Social Services Council</li> </ul>	<p>responsive approach, taking early action on new risks as individual network members or as a collaborative across the SHCIN.</p> <p>The group will meet on a quarterly basis during 2025-26, with the option to convene a review panel meeting should an emerging concern arise out with scheduled meetings.</p>

## Reviewing and learning from adverse events, children and young people's deaths, and death certification

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Learning from adverse events	Support a consistent national approach to identification, review, reporting and learning from adverse events based upon national and international good practice.	Healthcare Improvement Scotland	<p>The Adverse Events toolkit will be launched in 2025 following the publication of the revised framework for Learning from Adverse Events in NHS Scotland.</p> <p>The National Standardisation programme for adverse events reporting will continue alongside a new data management plan to allow for improved monitoring and targeted assurance interventions. Data and intelligence regarding Significant Adverse Events</p>

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
			<p>Reviews and how NHS boards are adhering to the revised national framework will be monitored on an ongoing basis, and any significant concerns will be raised with relevant NHS boards</p> <p>There will be further development of the Adverse Events on-line community of practice along with the development of learning systems including a redesigned learning summary. All NHS boards will have a designated area of the main hub site to share learning from adverse events.</p>
<p>National Hub for reviewing and learning from the deaths of children and young people</p>	<p>Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.</p>	<p>Healthcare Improvement Scotland and Care Inspectorate</p>	<p>The National Hub will continue to process data on the deaths of children and young people, from National Records Scotland, on a weekly basis.</p> <p>The National Hub will receive and quality assure relevant data from NHS boards and local authorities.</p> <p>The work of the National Hub in 2025/26 will be shaped by the findings and recommendations in the first Data Overview Report, published in March 2024. Data will be used to help to improve understanding of emerging contributory factors in child deaths and look at ways of sharing learning. A further data report will be published in May 2025.</p> <p>Improvements will be made to our systems for monitoring and responding to signals in the data, through a new data management plan.</p>

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
			A new data set has been developed and shared for consultation for sudden unexpected deaths in infants and children, (SUDIC). This data set, once agreed, will be implemented as part of the core data received into the National Hub.
Death Certification Review Service	<p>The Death Certification Review Service (DCRS) provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal with the aim of improving:</p> <ul style="list-style-type: none"> <li>• the quality and accuracy of Medical Certificates of Cause of Death (MCCDs)</li> <li>• public health information about causes of death in Scotland</li> <li>• clinical governance issues identified during the death certification review process</li> </ul> <p>The service is also responsible for authorising repatriation to Scotland of persons who have died abroad.</p>	Healthcare Improvement Scotland	<p>DCRS will:</p> <ul style="list-style-type: none"> <li>• Review approximately 12% of MCCDs.</li> <li>• Provide advice around death certification via the DCRS enquiry line.</li> <li>• Review all applications for repatriation to Scotland and where appropriate approve disposal.</li> </ul>

## Responsive Reviews

There are no responsive reviews planned for 2025/26. This Quality Assurance and Regulation Plan will be updated if a need for a responsive review is identified.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Draft Digital and Intelligence Strategy</b>
<b>Agenda item:</b>	<b>2.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Safia Qureshi, Director of Evidence &amp; Digital</b>
<b>Report Author:</b>	<b>Safia Qureshi, Director of Evidence &amp; Digital with input from Digital Services Group and One Team Efficiency Group</b>
<b>Purpose of paper:</b>	<b>Review and Approval</b>

## 1. Situation

This paper presents Healthcare Improvement Scotland's first "Digital and Intelligence Strategy" for review and approval.

## 2. Background

The strategy describes how Healthcare Improvement Scotland (HIS) will deliver on the digital commitments laid out in our strategy for 2023-2028.

The strategy also responds to the recommendations made in the 2024 independent review of our Responding to Concerns programme about how our organisation uses intelligence by setting the direction for our organisation-wide approach to using intelligence about the safety and quality of care.

## 3. Assessment

This Digital and Intelligence Strategy for 2025-2028 defines a digital vision for HIS:

"By 2028 Healthcare Improvement Scotland will be a digitally empowered, data driven, intelligence led organisation."

It details the systems wide approach required to provide safe and resilient infrastructure, and integrated technical systems. The strategy recognises that delivery is also dependent on empowering our staff with digital skills and confidence.

We have identified four digital essentials that underpin our vision:

1. Our systems must be technology enabled, resilient and sustainable. This requires a move to the cloud.



2. We will create an integrated information layer that supports business processes and that forms the digital intelligence base that drives our work.
3. Our systems must be resilient and safe – data secure and cybersecure, minimising our exposure to cyber risks and business disruption.
4. Our staff will be digitally empowered – we will grow our collective capability through digital learning programmes that will provide a basis for further self-directed training tailored to business needs. Business systems and processes will be embedded in a digital first culture supported by appropriate governance oversight.

### Update following the Audit and Risk Committee

The Audit and Risk Committee received the strategy at their meeting on 5 March 2025 and were supportive of the direction of travel outlined in the strategy. The committee welcomed the consideration of cultural aspects alongside technical and security elements and asked for these to be linked with the workforce plan. The committee asked for more on how implementation of the strategy would be monitored, including the harder to measure culture shift and metrics relating to sharing information. The committee also asked that the impact of implementation be captured, including the impact of the proposed digital learning programme. The committee recommended that options for broader working with other boards should also be considered.

### Assessment considerations

<b>Quality/ Care</b>	<p>Empowering HIS to effectively use intelligence about the safety and quality of care will inform our priorities and enable us to target our assurance and improvement activities where we can make the greatest impact.</p> <p>This will be dependent on resilient ICT architecture and enhanced cybersecurity to minimise the chance of an event or failure impacting on business delivery and reduces our ‘time to recovery’ in the event of a failure or incident.</p>
<b>Resource Implications</b>	<p>Staff from Digital Services Group and the One Team Efficiency Group are responsible for the planning and delivery of technical systems.</p> <p>Individual business teams are responsible for defining the business processes that require digital support.</p> <p>All staff should be allowed training and development time to improve their digital capabilities, including maximising use of M365.</p> <p>Any new digital systems will require additional investment.</p>
<b>Clinical and Care Governance (CCG)</b>	<p>This work will improve our ability to identify and respond to emerging concerns with safety and quality of care.</p>
<b>Risk Management</b>	<p>This programme of work will mitigate elements of the following corporate risks:</p> <p>1160 There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety</p>

	<p>and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.</p> <p>634 There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.</p> <p>1922 In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public</p>
<b>Equality and Diversity, including health inequalities</b>	<p>This work will improve our ability to identify the impact of health inequalities in the system.</p> <p>An organisational approach to developing digital capabilities will avoid an unequal distribution of skills internally. .</p>
<b>Communication, involvement, engagement and consultation</b>	<p>Senior leaders were interviewed about their requirements from an intelligence system.</p> <p>The draft strategy has been shared for comment with Senior Leadership Group and Executive Team (ET), and approved by the ET and the Audit and Risk Committee.</p>

#### 4 Recommendation

The Board is asked to review and approve the draft strategy subject to any required amendments.

The Board is asked to accept the following Level of Assurance that the strategy meets the needs of the organisation and has been drafted in consultation with users:

**MODERATE:** Reasonable assurance controls upon which the organisation relies to manage risk(s), are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

#### 5 Appendices and links to additional information

Appendix 1 Digital and Intelligence Strategy 2025-28

Healthcare Improvement Scotland

# Digital & Intelligence Strategy Draft v0.9

2025-2028

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## Executive Summary

Healthcare Improvement Scotland's Digital and Intelligence Strategy for 2025-2028 describes how we will deliver on the digital commitments laid out in our strategy for 2023-2028.

Healthcare Improvement Scotland's purpose is to drive the highest quality care for everyone in Scotland. To enable us to achieve this, our strategy for 2023-2028 explains that we will:

- Invest in our digital capability to ensure secure, resilient and sustainable systems and that our staff are digitally empowered.
- Develop digitally connected, accessible information systems that inform our work and stakeholders, including our intelligence and web presence.

This Digital & Intelligence Strategy for 2025-2028 sets the direction for how we will deliver on these two commitments and defines our digital vision:

“By 2028 Healthcare Improvement Scotland will be a digitally empowered, data driven, intelligence led organisation.”

It details the systems wide approach that is required in order to provide the infrastructure, integrated systems and skills base needed to drive maximum return from the intelligence and evidence we receive and to bring together knowledge and skills from across the organisation to have most impact in reducing waste, variation and harm.

It acknowledges that an essential building block to transformation is empowering our staff with the skills and confidence to allow digitalisation to be led by business teams.

We have identified **four digital essentials** that underpin our vision:

1. Our systems must be technology enabled, resilient and sustainable. This requires a **move to the cloud**.
2. We will create an integrated **information layer** that supports business processes and that forms the digital intelligence base that drives our work.
3. Our systems must be **resilient and safe** – data secure and cybersecure, minimising our exposure to cyber risks and business disruption.
4. Our staff will be **digitally empowered** – we will grow our collective capability through digital learning programmes that will provide a basis for further self-directed training tailored to business needs. Business systems and processes will be embedded in a digital first culture supported by appropriate governance oversight.

Our vision empowers Healthcare Improvement Scotland to effectively use intelligence about the safety and quality of care. This will inform our priorities and enable us to target our assurance and improvement activities where we can make the greatest impact so we can take appropriate action where required, for example by identify emerging concerns with safety and quality of care.

The second of our digital essentials – our integrated information layer – is an essential requirement to becoming a truly intelligence led organisation. Here, while the use of technology is necessary, it is not, on its own, sufficient. Other essential aspects are how we harness the power of intelligence about safety/quality of care to inform decision making

and action, and our culture, skills and processes for doing this. This strategy covers all these elements.

## Setting the scene

Healthcare Improvement Scotland is the national improvement agency for health and care in Scotland and our focus is on securing lasting, positive and sustainable improvements across the whole health and care system.

1. We are uniquely placed to identify the connections and opportunities created by system-wide working and to collaborate across our national systems as we maintain our clear focus on the safety and quality of care. To enable us to achieve this, Healthcare Improvement Scotland's strategy for 2023-2028 explains that we will invest in our digital capability to ensure secure, resilient and sustainable systems and that our staff are digitally empowered
2. develop digitally connected, accessible information systems that inform our work and stakeholders, including our intelligence and web presence
3. build a digitally enabled intelligence base to inform our priorities and support the provision of information to stakeholders on the quality and availability of health and care in Scotland
4. develop digital capability that gives frontline staff access to high quality online and up to date resources to inform professional decision-making

This digital and intelligence strategy for 2025-28 sets the direction for how we will deliver on these commitments.

It describes a systems wide approach to providing the integrated systems, infrastructure, and skills base that allows the organisation to drive maximum return from the intelligence and evidence it receives and bring together the knowledge and skills from across our organisation to target our resources where they will have most impact in reducing waste, variation and harm.

Healthcare Improvement Scotland already holds a wide range of information and data about the safety and quality of health and social care. This is gathered as an integral part of our various functions and activities and shared across our different functions and with national partner agencies.

We recognise that our existing approaches to using intelligence will benefit from further improvement so that, across the organisation, we can maximise the benefit we get from using intelligence about safety and quality of care. In Autumn 2024, the independent review of our Responding to Concerns programme made recommendations about how our organisation uses intelligence. These include having a consistent, organisation-wide approach for gathering and assessing intelligence and to how this intelligence is used to support decision making. This Digital & Intelligence Strategy sets the direction for our organisation-wide approach to using intelligence about the safety and quality of care.

This strategy focuses on (1) digital transformation of how we manage the intelligence we gather and use and improving business development and sets the scene for (2) the use of internal business intelligence through transforming the digital capabilities of our staff and our organisational attitude to a digital-first approach. An essential building block to any

transformation is empowering our staff with the skills and confidence to allow digitisation to be led by business teams and be easily implementable and adoptable.

The strategy also states that whilst Healthcare Improvement Scotland will be focussing on the 'horizon one' immediate challenges, we will also look to 'horizon two' intermediate innovation and 'horizon three' longer-term transformational change.

## A common language

We need to begin by defining a shared understanding of what we mean by the terms we use, including 'data', 'information', 'intelligence' and 'intelligence led.'

We hold a wide range of **data** about the safety and quality of health and social care. This includes qualitative data, such as semi-structured text for inspections, improvement programmes and community engagement activity. It includes quantitative data, eg related to clinical processes and outcomes, typically sourced from national datasets or NHS boards/Integration Authorities.

This data can generate **information**, such as inspection findings, progress updates for an improvement programme or community engagement programme, or an observation of a rate increasing.

In this strategy we define **intelligence** as actionable information, usually from a number of different sources and subject to critical thinking and which creates insight into a particular aspect of safety or quality of care.

In 2024, the One Team Efficiency Group interviewed senior leaders across Healthcare Improvement Scotland who identified three specific purposes for which our organisation should use intelligence, and these constitute what we mean by being **intelligence led**:

1. Identify emerging concerns with safety and quality of care so Healthcare Improvement Scotland can take appropriate action where required.
2. Inform development of future Healthcare Improvement Scotland strategy and work programme.
3. Enable situational awareness of work across Healthcare Improvement Scotland, to help colleagues make connections and improve delivery of programmes and services.



## Our vision

We will use digital technology to create an online working environment where routine work is automated, where data is systematically collected, shared and used to drive decision making, allowing us to develop on-line resources that help us achieve our strategic goals.



By 2028 Healthcare Improvement Scotland will be a digitally empowered, data driven, intelligence led organisation.

Our systems will be:

- cloud based
- centred around a digitally connected information layer that informs our work (automation) and is stakeholder focused (digital networks for sharing intelligence, enhanced web presence, routine use of the Right Decision Service)
- resilient and safe

Our staff will be

- empowered by a structured digital training programme

### **The four digital essentials underpinning our vision:**

Action is required in four areas if we are to deliver our digital vision:

1. Our systems must be technology enabled, resilient and sustainable. This requires a **move to the cloud**.
2. We will create an integrated **information layer** that supports business processes and that forms the digital intelligence base that drives our work
3. Our systems must be **resilient and safe** – data secure and cybersecure, minimising our exposure to cyber risks and business disruption
4. Our staff will be **digitally empowered** – we will grow our collective capability through digital learning programmes that will provide a basis for further self-directed training tailored to business needs. Business systems and processes will be embedded in a digital first culture supported by appropriate governance oversight.

**The principles underpinning our digital and intelligence vision:**

1. We have a professional, legal and ethical duty to use data and intelligence wisely and collaboratively for the purpose of maximising improvements in the quality of care.
2. We have a presumption in favour of safely and securely sharing data and intelligence about the safety and quality of care within HIS, and with appropriate multi-agency partners. Any exceptions are explained and documented and reflect the balance of risks of sharing with the risks of not sharing.
3. We are open and honest about how we share and use data and intelligence, involving service provider organisations in our approach, and ensuring transparency about the data and intelligence we collate about them.
4. We accompany any data and intelligence shared with guidance for interpretation and it is used in accordance with this guidance.
5. We process data and intelligence in line with clinical governance and information governance frameworks and data protection legislation.

## Essential 1. Move to the cloud

In line with the Scottish Government's 'Cloud first' approach, the process of migrating our systems to the cloud is underway overseen by the Digital Services Group (DSG).

All existing Customer Relationship Management (CRM) systems have been migrated to Microsoft Dynamics365 on the national NHSScotland M365 tenant.

The next step is to migrate our internal systems (eHelpdesk, Asset Management, Intranet, Compass Risk management etc) to the Microsoft Azure cloud.

The migration of staff personal drives to Microsoft's OneDrive has been completed. As an organisation, we must embrace the more efficient approach to working that this allows, through easy collaboration between colleagues across the organisation and encourage use of shared access to documents.

The migration of our most important system, the N: drive document server, is paused, pending guidance from the national NHSScotland M365 Delivery Team on the safety and future direction of SharePoint. Our eventual move to SharePoint will be a large business change project as it will fundamentally change how staff are used to working on, saving and accessing documents.

**Action point 1.1** DSG to continue to monitor progress on SharePoint nationally.

**Action point 1.2** DSG to bring a business case to the Executive Team outlining the migration process and the resilience steps and resource required.

The transfer of our internal systems is estimated to be complete by January 2025 (horizon 1 activity).

The transfer of the N: drive is dependent on decisions and work taking place at a national level during 2025/26. It then requires coordinated actions across HIS and should be planned into the organisational work programme for 26/27. Once under way, this project is estimated to take approximately 12 months (horizon 2 activity). We will revisit this timeline once announcements are made at a national level and we have a clearer idea of the work required.

## Essential 2. Digitally integrated information layer

One of the essential elements of being intelligence led is a fit-for-purpose electronic system that's used across Healthcare Improvement Scotland to collect, store, share and help synthesise information and intelligence. Our shorthand for this is our "integrated information layer."

One of the key assets at HIS is our data and, as HIS has grown, the number of datasets has grown. Some of our intelligence and data is generated internally, some comes from our own work and some comes from external sources, ranging from established national systems to one to one conversations. However, apart from data contained in a small number of unconnected CRMs, the organisation does not have a clear picture of what data we hold nor of the connections between it. Every team will have data that is captured in Excel spreadsheets, emails etc rather than in data systems where it can be linked and interrogated. This leaves us unable to capitalise on one of our key assets and at a time when there is an increasing need to do so.

We now need to put in place an information system so that information and intelligence can be managed effectively, efficiently, and securely. This information layer is specifically to enable Healthcare Improvement Scotland to be intelligence led. It is not a system for managing, more generally, our data/information. The requirements for HIS business intelligence need to be developed further. It is recommended that this is developed following progress with essential 4. For now, the critical requirement is to provide HIS with an "external" intelligence capability.

Moving to an integrated information layer will allow us to effectively use data and information to achieve our organisational goals, and better support front line service provider organisations in the delivery of safe, effective and person-centred care throughout Scotland.

We interact with all parts of the health and care system, including organisations that provide frontline health and social care. We also use data and intelligence within our organisation to direct and support our own work. This means our information layer has to support how we work internally and with our external partners to gather, share and use data and intelligence about frontline health and social care. This will inform our work, and that of other national bodies, to drive improvements in care and will be crucial to our role in supporting a safe system.

There are opportunities to improve how we gather, share and use data. This is unsurprising as we are at an early stage in our digital maturity as an organisation. Essential 4 covers the parallel need to shift to a digital-first mindset (from where we are, to where we want to be) that is required to support the skills development (how we address the gap in between).

The Digital Learning Pathway needs to run alongside wider work which shows our (digital) cultural aspirations as an organisation.

We work with structures, processes and systems that could be simplified, better aligned, connected and, in some cases, automated. There is scope to develop more systematic approaches across the organisation that would allow us to work in more consistent, timely and accurate ways, and in ways that would satisfy multiple information requirements. This would reduce duplication of effort and minimise organisational risk created by dependency

on unsupported ad-hoc systems and on single individuals. From a technical perspective we use what are now old-school approaches and tools (for example, Excel, Word and narrative email notes) but it would be wise to review our business process before upgrading our IT.

We want to build an integrated information layer that holds and connects and allows us to interrogate the data.

Our vision is for an information layer that is integrated into critical business processes, with key metrics in place at strategic and operational levels.

The way we collect, share and consider intelligence should enable HIS to, in real time:

- have situational awareness of key pieces of external facing work
- identify key themes relating to the safety and quality of care across Scotland to inform the direction/planning of HIS work programme/activities
- identify and share intelligence that might indicate emerging concerns about the safety and quality of care so further action can be taken
- share both 'soft intelligence' and 'hard data/intelligence'.

Our Data, Measurement and Business Intelligence (DMBI) Team works across the organisation to support the use of quantitative data on the safety/quality of care, in particular as part of our improvement and scrutiny functions.

This team, along with the DSG will have a leading role in working across HIS to build our information layer in a coherent and structured way. The HIS' Safety Network, as a key user of intelligence about safety, will have an important role in helping to redesign these systems and processes. Input to this redesign work will be sought from all directorates, with a particular focus on the teams and functions that contribute and use the intelligence.

Creating our information layer will require strong sponsorship, and staff with the relevant skills, clear roles and responsibilities supported by a needs driven technological infrastructure. We will need to map out how the organisation expects to capture and use data and intelligence. There will be a clear requirement for staff to safely and securely document all actionable intelligence. This may require training and a cultural shift that empowers this change. Processes will be required to ensure that data and intelligence is safe and secure accessible only to those that require to see it. The systems we put in place should provide the required functionality. An ambition is to put in place the functionality to interface with data warehouses in external sources, such as Public Health Scotland.

An important first step will be to map and characterise the different data and information held across HIS as this is something we cannot describe at present.

See Appendix 1 for details of our known HIS data landscape.

The nature and type of data is also important, but equally or perhaps more importantly, is characterising and understanding this data in terms of the sources, usage, purposes, potential sensitivities and social characteristics and implications of the data. Mapping the data in terms of its social characteristics as well as its informative characteristics will allow a clearer picture of the potential sensitivities to be managed, as well as highlighting pockets of data that may be suitable for initial tests and pilot experiments in broader use and sharing.

**Action point 2.1** Hold structured interviews with HIS Stakeholders to capture user and business requirements from which functional requirements will be developed, allowing a scope and approach to be agreed and tested.

**Action point 2.2** DSG/One Team Efficiency Group to commission work to understand and map out our data landscape - to document the data currently available to HIS such as responding to concerns, patient experience surveys, patient complaints, inspection reports, mortality metrics, quality indicators, hospital and national programme performance measures, healthcare associated infections, patient safety incidents/indicators, adverse events, 'whistleblower' referrals, staff surveys, media mentions and social media, and how it comes into the organisation, where it is stored and how it is shared and used.

**Action point 2.3** Results from 2.1 and 2.2 will be used to create the user requirement specification (URS) for data gathering and storage requirement of the intelligence layer.

**Action point 2.4** Explore any "quick wins" arising from the results of action 2.1 or 2.2, allowing us to capitalise on our use of existing systems.

The creation of an integrated information layer on its own is insufficient to becoming intelligence led. In order to impact influence decision making and strategy, use of the information layer must itself be integrated within business processes, including i) our processes for responding to intelligence highlighting an emerging concern, and ii) processes for developing our strategy and work programme.

Maintaining, and further developing, a healthy culture for sharing and using intelligence will require ongoing work. It is essential that we support our staff, so they have knowledge and skills that's required for sharing and using information/intelligence. This will be relevant for staff from many teams across our organisation. There will also need to be some staff members with clear and specific roles for managing and using the information layer, and for running and contributing to the associate business/decision making processes. This will require additional investment.

**Action point 2.5** DMBI and the Safety Network to to design method for risk assessing information added to information layer, allowing proportionate, targeted and timely deployment of our resources.

This work should be horizon 1 activity and will require freeing up internal resources and so may require some current work to pause or stop.

Our vision goes beyond the data we hold in HIS, to being able to link, where relevant, to other NHS Scotland data sources in a mutually symbiotic relationship where HIS benefits, as does the wider NHS. This increases the value and power of our data to support the work of HIS. Our ambition is to incorporate HIS data into the NHS Scotland Seer2 data analytics platform. This will allow HIS to aggregate information across disparate systems and data stores and present it through dashboards and portals.

Through this platform, HIS will be able to automatically create our information layer and combine it with other sources of NHSS data. For example, allowing the use of real time data and risk factors to provide candidate sites that may benefit from inspection.

Through this work, HIS will be able to create customisable dashboards of real time information for different consumer groups across HIS as well as for external stakeholders.

For example, incorporating activity data to show where HIS Teams are going to be working across NHSS; intelligence data to enable the sharing intelligence function within HIS; adverse events and inspection results. It would allow us to improve corporate reporting via the enablement of self-service, creating standard reports for governance committees through the use of Artificial Intelligence (AI) or more accurately Machine Learning (ML) and introducing standardisation thus freeing up staff time. Eventually, AI/ML will be able to carry out the real-time monitoring of automatically generated and combined HIS and NHS Scotland data.

It is recommended that these actions are implemented in horizon 1. Completing these actions will require resource, and some will require skills that we do not have in house. External resource will be required to support these activities.

Some systems development and reengineering will be required to effectively record data required for organisational purposes.

Specialist systems will be required to extract data from the varied and disparate sources we use and to transform, clean and enrich the data. Significant automation of this process will support frequencies of refreshing the data of up to near real-time.

**Action point 2.6** An Intelligence Implementation Group (IIG), to include members from the Executive Team, should be established. The group will be chaired by the Director of Evidence & Digital and report to the Executive Team and Audit & Risk Committee.

**Action point 2.7** The IIG, to work with the One Team Efficiency Group to develop a business case for creating and using a digitally connected information layer. This will detail the anticipated benefit, and also the investment/resources required.

**Action point 2.8** The Executive Team to endorse this strategy and support the preparation of a full business case.

These should be horizon 1 activities.

This is a complex and substantial programme of work that will require significant investment and input from our staff to fully implement. It will have implications across all teams and for workforce development in terms of competency development, changes in priorities, and work patterns. Even the initial actions set out above will require changes to existing work priorities and reassignment of staff. Some pieces of work may require either skills or capacity that we do not currently have in house and may need external resource to deliver.

## Essential 3. Resilient and safe – data secure and cybersecure

Maintaining our cybersecurity underpins everything that we do. DSG will continue to work closely with the NHSS Cybersecurity Centre of Excellence (CCoE) to implement new tools as they become available (eg as we have done with Advanced Threat Protection and the Defender suite).

Work across horizons 1 and 2 will focus on the improvement and development of our information and data security through the recently introduced Information Security Management System (ISMS).

Our ISMS is a structured framework comprising policies and procedures designed to manage our sensitive data systematically. The primary objective is to proactively limit the impact of security breaches, emphasising both employee behaviour and processes, as well as data and technology. This gives us a systematic approach to managing information security, which is the basis of the Network and Information Systems (NIS) Regulations.

The ISMS will collate all the interrelated/interacting information security elements of HIS to ensure policies, procedures, and objectives are created, implemented, communicated, and evaluated to better guarantee HIS overall information security. The ISMS will support information risk management and our response to multiple external audits.

As technology evolves, what may be safe and secure one day could change, with new vulnerabilities emerging. The organisation will invest in a regular programme of security assessments, recommended to take place either annually or every two years.

In terms of providing additional resilience, currently for the N: drive document server DSG has twin servers in different cabinets in the NHSS data centre with the data replicated between the servers at regular intervals throughout the day. DSG are planning to move one of these servers to a second data centre and replicate our systems across these two physical data centres. DSG will also take this opportunity and procure and install additional firewalls for our fixed office sites in this second data centre. This will provide resilience for our systems should the primary data centre experience issues.

The new information layer must be resilient, data secure and cybersecure by design and we will ensure that cybersecurity and resilience considerations are included as part of the foundations of the system.

**Action point 3.1** DSG to develop a plan for routine cybersecurity testing of our systems. All websites will be tested annually and other systems every two years unless changes are made that affect security, then they will be tested as part of the change.

**Action point 3.2** DSG to procure a contract for routine cybersecurity testing.

**Action point 3.3** DSG to work with National Services Scotland (NSS) DaS to implement a cabinet for our equipment in the NSS secondary data centre.

**Action point 3.4** DSG to monitor the ISMS and check progress, performance, metrics and efficiency of what has been implemented is in compliance with the NIS requirement to identify weakness and improvements.



- Action point 3.5** DSG to develop, in consultation, organisational protocols to support sharing. These will specify the processes and protocols to support accessing and sharing data across different HIS functions. These will be the “business rules” that define how the information layer is structured and used.
- Action point 3.6** DSG to map out processes that will allow improvement data to be accessed and shared on a case by case or ad hoc basis: a clearly defined approval process. Support from DMBI, Medicines & Safety and other subject matter experts will be required.
- Action point 3.7** Building on existing agreements<sup>1</sup>, DSG(IG) to define standards that specify when and under what circumstances data will become publicly and openly shareable (and the circumstances in which data might be expected to remain tightly held and private, for example being personally identifiable information related data, or the dates of unannounced visits).
- Action point 3.8** DSG to define the organisational structures needed to create “secure walls” around certain types of data, or an independent “clearing house” for other types of data. Support from DMBI, Medicines & Safety and other subject matter experts will be required.

These should be horizon 1 activities.

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<sup>1</sup> For example, SPSP Collaborative Programme Agreements

## Essential 4. Digitally empowered staff

This strategy recognises that an essential building block to digital transformation is empowering our staff with digital skills and confidence. This allows digitisation, digitalisation and transformation to be led by business teams and to be more easily implementable and adoptable.

The strategy specifically proposes that we improve our use of internal business intelligence through transforming the digital capabilities of our staff.

It is recommended that we take a values-based approach to the digital empowerment of our staff. As stated in the 'Reviewing progress and learning' section of our strategy, we will:

*“Honestly and openly identify where there have been barriers to implementation or unintended consequences and address them”*

People and culture are at the heart of digital ways of working. The level of digital competency across our workforce is a potential barrier to becoming a digitally empowered organisation so we need to invest in developing these skills to achieve our strategic aims.

A first step will be to help staff understand what we mean by “digital-first culture” through a planned and structured programme offered via HIS Campus. This will cover both the cultural, “mindset shift” we are seeking alongside the practical skills development. In cultural terms - where we are, where we want to be, and the gap in between – both cultural education and practical application are of equal importance to achieving digital empowerment.

Creating our integrated information layer will change many established ways of working. This strategy presents an opportunity to consider this and review our values through a digital lens:

### Care and compassion

- We will commit to supporting teams through digital transformation
- We will acknowledge the impact of change to ways of working and the impact on staff wellbeing (positive and negative)

### Dignity and respect

- We commit to designing digital tools inclusively
- We commit to foster a culture of inclusivity - no judgement for those who do not feel they have the skills

### Openness, honesty and responsibility

- We will not force technology where it does not belong – we will be honest about where we can deliver real impact and value through changing processes and systems (and make these decisions collectively)
- We will be open to this change, culturally, and acknowledge digital as a part of life and work
- We will responsibly govern the information we collect and store digitally and use tools responsibly (AI) etc

## Quality and teamwork

- There will be shared ownership of strategic decisions and user centric design at core (internal and external services)
- Collaboration will be a huge part of working digitally
- Quality of output is more important than the speed of digital transformation

## Definitions

The following definitions are helpful as we think about how our organisation and ways of working will change.

Digitisation - reproducing analogue data to a digital format

Digitalisation – designing processes digitally – often relates to current systems

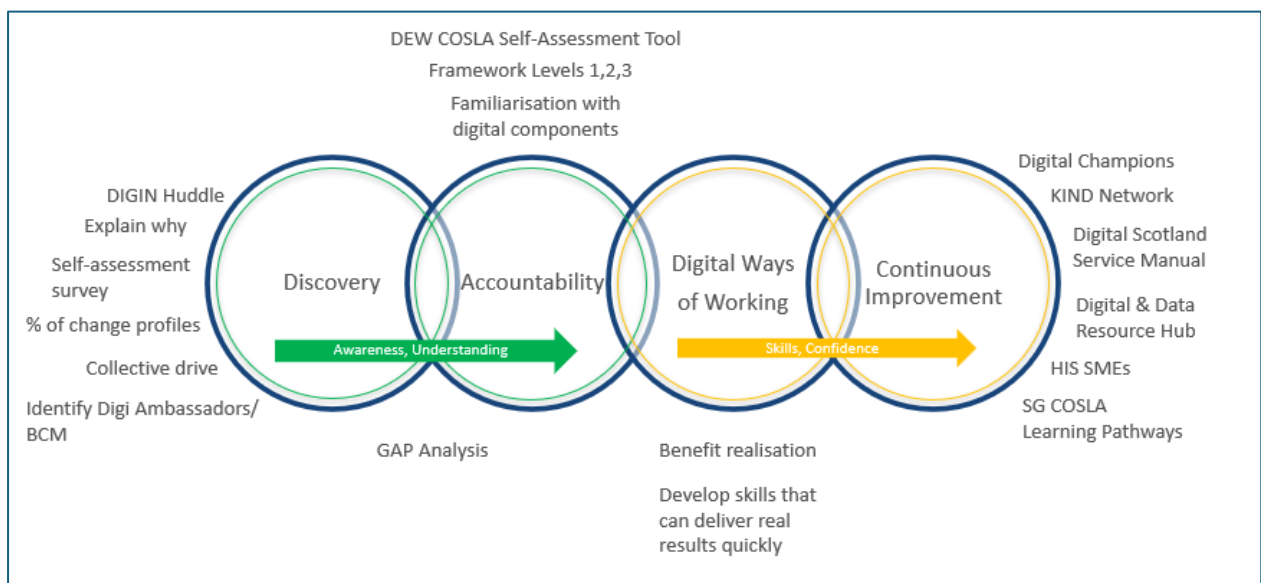
Digital transformation – using technology to change behaviours, ways of working and organisation-wide strategy

<https://www.forbes.com/sites/jasonbloomberg/2018/04/29/digitization-digitalization-and-digital-transformation-confuse-them-at-your-peril/>

## Digital Learning Pathway

This strategy builds on work underway through collaboration between DSG and Organisational Development & Learning to implement a four-step plan to become a digitally empowered organisation:

1. Discovery
2. Accountability
3. Digital Ways of Working
4. Continuous Improvement



The Digital Learning Pathway will build foundations for a culture that:

- embraces digital
- enforces responsibility for individual and organisational skills development
- employs relevance to our ways of working
- encourages continuous improvement

The concept is built on a people first, data-driven approach where technology is the enabler, not the focus.

### Stage 1 Discovery

Building a digitally empowered workforce begins by acknowledging where Healthcare Improvement Scotland is now. Measuring our current position allows us to report on our rate of digital transformation (progression) and our 'Digitally Empowered' position (resilience and sustainability).

**Action point 4.1** The Senior Leadership Team, with support from DSG and working in partnership with the staff side and colleagues from OD&L, leads a 'Discovery Phase' taking 6-8 weeks to capture a snapshot of HIS now.

**Action point 4.2** The Senior Leadership Team, with support from DSG and working in partnership with the staff side and colleagues from OD&L, establishes a core foundation level of digital skills that applies across all roles, programmes and directorates. This will support spread of the HIS Employee concept.

The discovery phase will identify areas of our work that would benefit from both digitisation and digitalisation – areas where can we deliver real impact and improvement. Identifying cases to focus on mobilises action and gives us a status to work towards. It also provides context for what digital skills need to be developed and where in the organisation they could deliver the most benefit.

These should be horizon 1 activities.

### Stage 2 Accountability (People and Culture)

In the second phase of our Digital Learning Pathway, we propose using the Digital and Data Capability Framework produced by Digitally Enabled Workforce & COSLA and corresponding self-assessment tool. The framework is described as:

"...made up of 6 Capability Areas applicable to the delivery of health and social care services. Each Capability Area has a list of Capability Statements which outline a relevant set of skills, knowledge and behaviours. For each Capability Statement there are 3 Levels that give specific examples of what you should be able to do and how you should feel, for 3 increasing levels of digital capability."

There is a corresponding self-assessment which is downloadable online.

[Digital and Data Capability Framework | Turas | Learn \(nhs.scot\)](#)

[edf9dc3b-02f7-48a4-ab56-41a33e173c1d\\_Digital and Data Capability Framework - Personal Record.docx \(live.com\)](#)

Advice on actions to take following completion is also available- [Taking Action from the Framework | Turas | Learn \(nhs.scot\)](#)

The framework should be used within Performance, Development & Wellbeing Review and professional development conversations as a measure of individual progression. Our teams should be asked to think about their own digital learning requirements, based on the work they do. This would support collective accountability for progress, give a clearer view of team, organisational and directorate priorities, and create more tangible measures of progress.

This could be supported at an organisational level by training sessions with knowledge sharing, groupwork, live polling, encouraging attendance at Digital Champion spotlights, hosting a 'digital lab' where colleagues can bring forward ideas and have digital input.

Implementing this approach will require the organisation to create time for staff training and development. Accountability for this sits at management level. For this work to begin, some programmes or tasks may have to pause. Impact on work programmes and external delivery would need to be led by the Executive Team and Board. Our workforce plan should take into account the digital skills we require in our future Healthcare Improvement Scotland workforce to encourage and sustain a digitally empowered workforce. Our recruitment and induction processes should reflect our aspirations around digital capability. Exit interviews could be used as a source of intelligence to track our digital mindset shift.

### **Stage 3 Digital Ways of Working (putting learning into practice)**

Benefit realisation encourages improvement and innovation. The learning programme will point staff to tools that will be of immediate help and will encourage longer term digitisation. Signposting to relevant training available on M365 Skills Hub, KIND Network and other nationally supported sources will enable HIS to encourage self-directed, tailored learning specific to the needs of the individual or team. Through HIS Campus, we will create a shared learning space that will allow the organisation to share good practice and achievements so that we can demonstrate that 'digital transformation' can be achieved via small incremental changes in our day-to-day work.

### **Stage 4 Continuous Improvement**

To become digitally empowered, Healthcare Improvement Scotland will invest in the digital competency of its staff and commit to an ethos of continuous digital improvement.

There are many existing resources available to staff that already support a continuous improvement culture:

- Healthcare Improvement Scotland's Digital Champion Network
- KIND Network
- Digital Scotland Service Manual
- Digital and Data Resource Hub
- Scottish Government, Digitally Enabled Workforce and COSLA's commitment to developing further learning pathways

We should encourage internal incremental change as a means of delivering cultural transformation.

**Action point 4.3** The Executive Team should assign accountability for a digital continuous improvement programme and receive regular reports of progress.

This should be a horizon 1 activity.

The intent is that we proactively promote a move to continuous model of measuring digital maturity progress and use results to inform priority setting and planning. Completing delivery of Stage 4 spans across the 3 horizons.

## Summary of actions

No.	Action	Lead
1.1	DSG to continue to monitor progress on SharePoint nationally.	KMcl
1.2	DSG to bring a business case to the Executive Team outlining the migration process and the resilience steps and resource required.	KMcl
2.1	Hold structured interviews with HIS Stakeholders to capture user and business requirements from which functional requirements will be developed, allowing a scope and approach to be agreed and tested.	One Team Efficiency Group
2.2	DSG/One Team Efficiency Group to commission work to understand and map out our data landscape - to document the data currently available to HIS such as patient experience surveys, patient complaints, inspection reports, mortality metrics, quality indicators, hospital and national programme performance measures, healthcare associated infections, patient safety incidents/indicators, adverse events, 'whistleblower' referrals, staff surveys, media mentions and social media, and how it comes into the organisation, where it is stored and how it is shared and used.	KMcl
2.3	Results from 2.1 will be used to create the user requirement specification (URS) for data gathering and storage requirement of the intelligence layer.	KMcl
2.4	Explore any "quick wins arising from the results of action 2.1, allowing us to capitalise on our use of existing systems.	
2.5	DMBI and the Safety Network to design method for risk assessing information added to information layer, allowing proportionate, targeted and timely deployment of our resources.	DM
2.6	An Intelligence Implementation Group (IIG), to include members from the Executive Team, should be established. The group will be chaired by the Director of Evidence & Digital and report to the Executive Team and Audit & Risk Committee.	SQ
2.7	The Intelligence Implementation Group (IIG), to work with the One Team Efficiency Group to develop a business case for creating and using a digitally connected information layer. This will detail the anticipated benefit, and also the investment/resources required.	
2.8	The Executive Team to endorse this strategy and support the preparation of a full business case.	ET

<b>3.1</b>	DSG to develop a plan for routine cybersecurity testing of our systems. All websites will be tested annually and other systems every two years unless changes are made that affect security, then they will be tested as part of the change.	KMcl
<b>3.2</b>	DSG to procure a contract for routine cybersecurity testing.	KMcl
<b>3.3</b>	DSG to work with NSS DaS to implement a cabinet for our equipment in the NSS secondary data centre.	KMcl
<b>3.4</b>	DSG to monitor the ISMS and check progress, performance, metrics and efficiency of what has been implemented is in compliance with the NIS requirement to identify weakness and improvements.	KMcl
<b>3.5</b>	DSG to develop, in consultation, organisational protocols to support sharing. These will specify the processes and protocols to support accessing and sharing data across different HIS functions. These will be the “business rules” that define how the information layer is structured and used.	
<b>3.6</b>	DSG to map out processes that will allow improvement data to be accessed and shared on a case by case or ad hoc basis: a clearly defined approval process. Support from DMBI, Medicines & Safety and other subject matter experts will be required.	KMcl
<b>3.7</b>	DSG(IG) to define standards that specify when and under what circumstances data will become publicly and openly shareable (and also the circumstances in which data might be expected to remain tightly held and private, for example being personally identifiable information related data, or the dates of unannounced visits).	AW
<b>3.8</b>	DSG to define the organisational structures needed to create “secure walls” around certain types of data, or an independent “clearing house” for other types of data. Support from DMBI, Medicines & Safety and other subject matter experts will be required.	KMcl
<b>4.1</b>	The Senior Leadership Team, with support from DSG and working in partnership with the staff side and colleagues from OD&L, leads a ‘Discovery Phase’ taking 6-8 weeks to capture a snapshot of HIS now.	SLT
<b>4.2</b>	The Senior Leadership Team, with support from DSG and working in partnership with the staff side and colleagues from OD&L, establishes a core foundation level of digital skills that applies across all roles, programmes and directorates. This will support spread of the HIS Employee concept.	SLT
<b>4.3</b>	The Executive Team should assign accountability for a digital continuous improvement programme and receive regular reports of progress.	ET



# Appendix 1 – details of known HIS data landscape

**This list is work in progress – please let us know of any omissions or errors.**

## Customer Relationship Management (CRM) systems (Dynamics365)

- Death Certification Review Services (DCRS)
- Independent Healthcare (IHC)
- Ionising Radiation (Medical Exposure) Regulations (IRMER)
- Community Engagement (CE)
- Freedom of Information (FOI) requests
- Scottish Medicines Consortium (SMC)

## Organisational level data sources

- Intelligence sharing
- HIS Key Performance Indicators
- Annual Delivery Plan
- Complaints
- Corporate reports
- ET papers
- Google analytics data for all HIS websites

## People data sources

- e-Rostering / LOOP
- Expenses / ePayroll
- eESS
- Job Train
- Turas / LearnPro
- Core Strengths
- Employee Assistance Programme / Spectrum Life
- Cycle to Work Scheme
- Childcare Vouchers

## Improvement data sources

- Description of quality improvement programmes/activity (macro)
- Assessment, site visit and flash reports (meso)
- Data aggregated at Scotland-level (meso)
- Data at/below the level of individual organisations providing health and social care (micro)

## Quality Assurance data sources

- Description of quality assurance activity (macro)
- Published findings from quality assurance activity (meso)
- Reports from visits/progress meetings with organisations providing health and social care (meso)
- Data packs used to inform/prioritise quality assurance activity (micro)
- Self-assessments from individual organisations providing health and social care (micro)
- Quality Assurance and Regulation Directorate (QAD) Inspection tracker

- QAD Adverse Events
- QAD Responding To Concerns
- Overall progress/engagement in the Death Certification Review Service, and in responding to high/increasing Hospital Standardised Mortality Ratio (meso)

NHS board action plans on the work of the Death Certification Review Service, and in response to high/increasing Hospital Standardised Mortality Ratio (micro)

#### Community Engagement & Transformational Change

- Description of major service change, volunteering, lived experience and activity on public involvement including opinions of individuals and communities (macro)
- Assessments of progress on the Quality Framework for Community Engagement and Participation (meso)
- Assessments of public involvement, including in major service change (meso)
- Analysis of local feedback and complaints to relevant NHS board, including Scottish Public Sector Ombudsman casework (micro)
- Analysis of other sources of patient experience (for example Patient Opinion, social media) (micro)

#### Evidence & Digital

- Scottish Antimicrobial Prescribing Group activity (macro), together with progress reports (meso) and local data on antimicrobial prescribing (micro).
- Scottish Intercollegiate Guidance Network (SIGN) guidelines
- Scottish Health Technologies Group (SHTG)
- Scottish Medicines Consortium (SMC)
- Research & Information Service (RIS)

#### Medical & Safety

- Description of activity on engagement about the Hospital Standardised Mortality Ratio (macro)

#### Nursing and Systems Improvement

- Healthcare Staffing Programme

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Collaboration and Leadership</b>
<b>Agenda item:</b>	<b>2.3</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Robbie Pearson, Chief Executive</b>
<b>Report Author:</b>	<b>Jane Illingworth, Head of Planning &amp; Governance</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

This paper provides an update on activity being taken by NHS Boards in support of the Scottish Government's renewal and reform agenda as set out in the [First Minister's statement](#) on 27 January 2025.

**Appendix 1** specifically sets out the need for all Boards to work collaboratively to achieve this agenda and the Board is asked to endorse the commitments contained therein.

## 2. Background

The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. At the same time, the Scottish Government is developing three 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves.

**Appendix 1** was developed for the NHSScotland Executive Group and was approved on 5 March for onward circulation to all NHS Boards. It:

- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

### **3. Assessment**

The Healthcare Improvement Scotland (HIS) Board is asked to commit to the following recommendations:

16. *Healthcare Improvement Scotland* Board is asked to note:

- *the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.*
- *the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.*

17. *Healthcare Improvement Scotland* Board is asked to acknowledge and endorse:

- *the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act*
- *the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.*

18. *Healthcare Improvement Scotland* Board to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

Further consideration needs to be given to how best HIS' contribution to, and delivery against, the above commitments can be articulated. There are a number of specific programmes of work which have already been referenced in the context of the First Minister's speech in the letter from the Chief Executive to the First Minister of 10 February 2025.

- Extending our approach to engagement with the public, fostering collaboration and innovation.
- Testing the Scottish Approach to Change with real examples of NHS reform and developing guidance to support the application of this approach.

- Working in collaboration with other national boards and territorial boards on priority areas for reform, for example developing a holistic approach to the identification of frailty in emergency departments.
- Working with other partners, playing a stronger role in building a more cohesive and visible gateway for the evaluation of new and emerging technologies, in line with national priorities.
- Bringing together existing skills and resources within HIS to create a cohesive and applied approach to generating a national evidence base for major priorities including the most appropriate design of care.

### Assessment considerations

<b>Quality/ Care</b>	HIS' current contribution to these commitments and intended outcomes for the health and social care system is set out in the Annual Delivery Plan (ADP) 2025-26.
<b>Resource Implications</b>	HIS' contribution to these commitments will be delivered through existing resources as set out in the Financial Plan 2025-26.
<b>Clinical and Care Governance (CCG)</b>	CCG considerations have been made through relevant programmes in the ADP.
<b>Risk Management</b>	Strategic risk 1072 (HIS Strategy) articulates risks to the development and implementation of our strategy and associated operational plan, which will also apply to delivery of the above commitments.
<b>Equality and Diversity, including health inequalities</b>	The proposed new arrangements are in support of the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.
<b>Communication, involvement, engagement and consultation</b>	There has been active engagement with the NHS Chief Executives in this since February 2025

## 4 Recommendation

The Board is asked to approve the adoption of the recommendations as set out in Appendix 1.

It is recommended that the Board/Committee accept the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## 5 Appendices and links to additional information

Appendix 1: Health Board Collaboration and Leadership paper, NHSScotland Executive Group, 5 March 2025

# Health Board Collaboration and Leadership

## NHS Scotland Executive Group

### 05 March 2025

#### Purpose

1. This paper:
  - sets the context for renewal and reform following the First Minister's statement on 27 January 2025
  - briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
  - describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

#### Background

2. The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

3. The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

4. NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

5. This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

## **Governance Arrangements**

6. Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

7. In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

8. NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

## **Renewal and Reform**

9. Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

10. Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

11. These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

12. In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and

delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

### **Improvements in Planned Care**

13. NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

14. The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

15. The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

### **Recommendations**

16. **Healthcare Improvement Scotland** Board is asked to note:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

17. **Healthcare Improvement Scotland** Board is asked to acknowledge and endorse:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his



speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

18. **Healthcare Improvement Scotland** Board to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Organisational Performance</b>
<b>Agenda item:</b>	<b>3.1</b>
<b>Responsible Executive:</b>	<b>Angela Moodie, Director of Finance Planning &amp; Governance, Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Jane Illingworth, Head of Planning &amp; Governance, Karlin Rodgers, Head of Finance &amp; Procurement,</b>
<b>Purpose of paper:</b>	<b>Assurance - moderate</b>

## 1. Situation

This report provides the Board with a summary of our organisational performance, including our delivery performance report, our finance report and our workforce report.

## 2. Background

Detailed reports have been considered by the following governance committees:

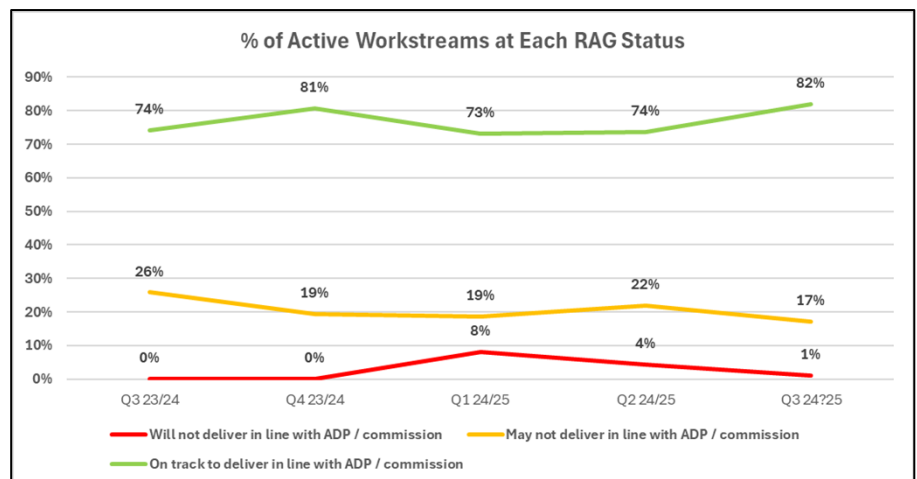
- Performance report – Quality & Performance Committee (QPC)
- Finance report – Audit & Risk Committee (ARC)
- Workforce report – Staff Governance Committee (SGC)

These reports measure the performance against the Board's approved plans and also considers a forward look projection. While the Board delegates authority to the Committees to provide scrutiny and assurance across these areas, this report is a summary of the information presented and key discussions from each Committee.

## 3. Assessment

### Delivery Performance Report

Performance in Q3 remains overall strong and in line with previous quarters, with 82% of our work programmes reporting as 'green - on track to deliver in line' (Q2: 74%), but there continues to be ongoing risks regarding delivery due to the volume of work and pressures on existing resources. The one programme reported as 'red' was Transformational Change – Drugs, Alcohol and Housing due to long term absence and vacancies across multiple skillsets.



At the end of Q3, eight Key Performance Indicators (KPIs) were on or ahead of target and four were behind target (see Appendix 1).

The following achievements demonstrate progress against our strategic milestones during the quarter.

- **First HIS Safety Bulletin** published, addressing concerns about Maternity and Paediatric Early Warning Scores and postpartum haemorrhage risk assessment.
- **Mental Health Scrutiny and Assurance Collaborative Framework:** Published in November 2024.
- **Independent Healthcare Review:** Commenced to evaluate HIS regulation.
- **Compliance Framework:** Developed for non-compliance with Planning with People guidance.
- **Engagement Guidance:** Created for nationally determined service changes.
- **Scottish Approach to Change:** Draft framework for NHS Reform approved by the Quality and Performance Committee in November.

In the forward look to Q4, we plan to undertake two unannounced inspections of NHS Adult Mental Health Inpatient Services and our first inspections of maternity units, as well as publishing our National Overview of Safe Delivery of Care Inspections report. We will also publish a comprehensive review of safety and quality of care of the main receiving Emergency Departments in NHS Greater Glasgow and Clyde in March 2025.

At the QPC meeting on 19 February 2025, the Committee recognised the ongoing risks to delivery due to the volume of work and pressures on existing resources including clinical staff capacity. In addition, the following points were discussed:

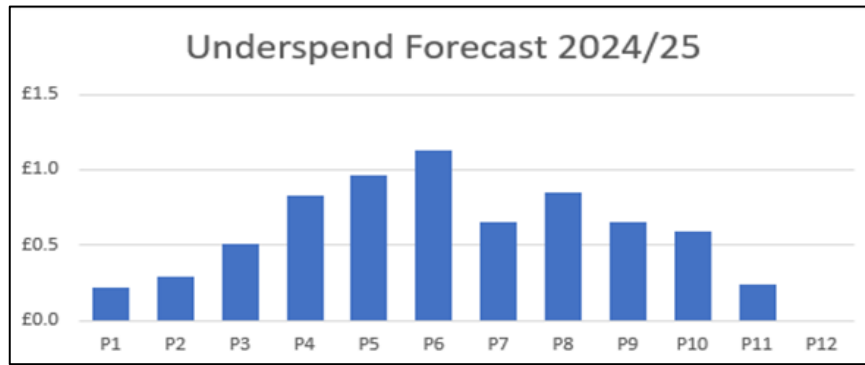
- **New Medicines KPI:** Progress is on track and welcomed.
- **Future Planning:** Queries about contingency planning; some areas have identified responsive support for next year.
- **Medical Model:** Discussion on extending the new model to all clinical areas.
- **Sickness Absences:** A deep dive has been conducted; a report will be presented to the SGC in March, along with an Internal Audit on vacancy management.
- **Strategic Overview:** Query about applying more materiality to the range/scale of reported areas; to be considered for the 2025/26 performance report.
- **Workforce Projections:** Question on future workforce projections and their implications on deliverables.

### **Financial Performance Report**

At 28 February 2025, total expenditure was £40.9m, driving a £0.2m underspend. This was down from £0.6m in January.

We have achieved £2.1m of savings against our annual target of £2.5m, although 57% of our savings to date are on a recurring basis against our target of 100%.

We have received all our programme allocation funding of £6.5m, the additional depreciation allocation is no longer expected as the Delta House lease has been renegotiated to 2031.



We are anticipating a breakeven position at the end of the year which has been communicated to Scottish Government.

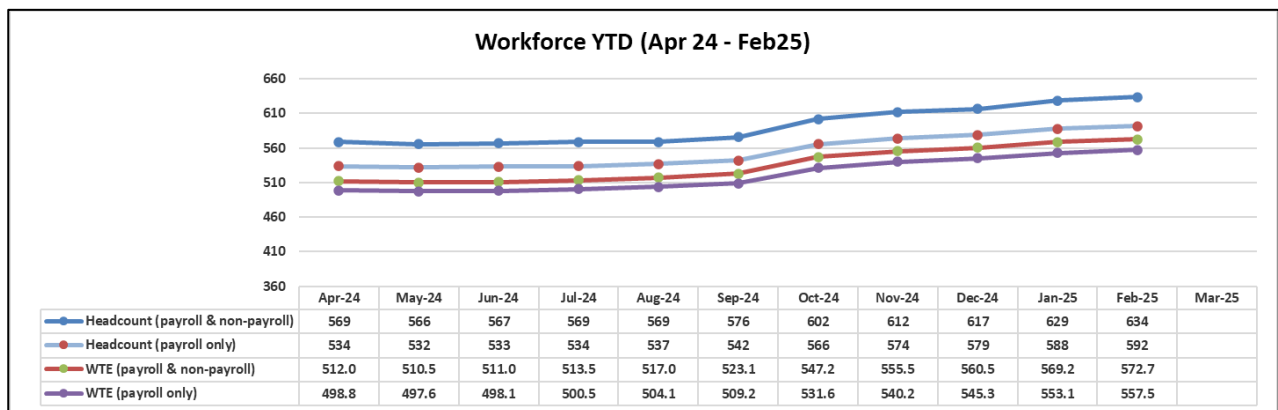
The detailed Financial Performance Report at 28 February 2025 is available at Appendix 2.

At the ARC meeting on 5 March 2025, the January 2025 financial results were presented, and the following points were discussed:

- The **underspend** position was considered, and ARC endorsed the returning of any underspend to Scottish Government at year end.
- The progress towards a higher proportion of **recurring savings** was discussed and ARC reiterated the need to make difficult decisions to bring us back to recurring balance. The Committee have asked for a recurring savings plan for the next meeting.

## Workforce Report

At 28 February 2025, our total workforce (payroll & non-payroll) was 634 headcount / 572.7 whole time equivalent (WTE) - of this, 592 / 567.5 WTE were payroll staff. The increase to headcount in Q3 was reflective of engaging staff in relation to the 'HIS Employee' initiative.



Workforce indicators year to date (YTD) (April 2024 – February 2025):

- Total workforce turnover was 5.8% (compared to 10.2% at the same period last year)
- Sickness absence rate was 4.2% and showing a steady decline since its peak of 4.5% in July 2024 (NHS Scotland rates were 6.5% in Q3 2024). The majority of sickness (66.4%) is attributed to long term conditions.
- The Workforce Strategy Group have reviewed 361 resource requests in total, of which 191 were recruitment related. The majority of recruitment requests (117/61.3%) were being funded from base allocations, 68/35.6% from additional allocations and 6/3.1% were externally funded. All posts are reviewed in line with budget requirements.

- Of the 147 recruitment campaigns commenced YTD, 106 have been filled (51 by existing internal/NHS staff). We are committed to offer redeployment opportunities and recruit from within prior to advertising externally.
- We are seeking alternative opportunities for 18 staff who are currently on redeployment, mainly due to end of fixed term contracts ending in March 2025.

### **Assessment Considerations**

<b>Quality/Care</b>	The performance reports are a key part of corporate governance which in turn ensures the best outcomes in services we deliver.
<b>Resource Implications</b>	The workforce report describes the resource position within the organisation including, current staffing, changes/turnover throughout the year and sickness absence which is reflective of staff health and wellbeing. Workforce constraints are highlighted in various programmes of work where applicable.
<b>Clinical and Care Governance</b>	The performance reports are a key part of corporate governance which ensures appropriate clinical and care governance requirements and considerations.
<b>Risk Management</b>	All of the performance reports are compiled with reference to programme, operational and strategic risks in line with the organisational risk register.
<b>Equality and Diversity</b>	There are no equality and diversity issues as a result of this paper.
<b>Communication, Involvement, Engagement and Consultation</b>	These reports were reviewed by the Executive Team and then respective Committees.

### **4. Recommendation**

The Board is asked to accept the following Level of Assurance: **MODERATE**: reasonable assurance that controls upon which the organisation relies to manage the risks are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

### **Appendices**

Appendix 1: Q3 2024/25 Corporate KPIs

Appendix 2: Summary Financial Performance Report at 28 February 2025

Appendix 3: Workforce report – YTD (April 2025 – February 2025)

## Appendix 1: Corporate KPIs 2024/25 – Status at Q3

KPI title	KPI metric	24/25 target	Quarter target	Q1	Q2	Q3	Notes
<b>Safety &amp; Quality of Health &amp; Care Services</b>							
NHS inspections	% of follow up inspections carried out within agreed timescales	100%	100%	100%	100%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment timeframes	80%	80%	26%	20%	45%	Significant staffing pressures continue. Current inspector capacity is <60% due to staff absence. Focus is on high priority activities including registrations, complaint investigations, notifications and high and medium risk inspections.
Adverse events	% NHS Boards using the adverse events Community of Practice and sharing learning by April 2025	75%	20%	30%	74%	100%	All NHS Boards have now been trained in usage of the New Community of Practice. Planning is underway for national launch in February 2025 alongside the Adverse Events framework revision publication.
<b>Assess &amp; Share Intelligence &amp; Evidence</b>							
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	90%	81%	N/A	N/A	Remains on hold due to the ongoing external review of the Responding to Concerns programme.
New medicines advice	% of decisions communicated within target timeframe	75%	75%	59%	79%	94%	
<b>Practical Support for Sustainable Improvement</b>							
Responsive support	Number of commissions undertaken	4	1	1	0	0	Discussions taking place to potential responsive support in NHS Grampian.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	12	0	4	22	
Mental Health reform	% of supported NHS Boards with an improvement plan in place	80%	20%	N/A	N/A	0%	Work on this project was delayed due to funding uncertainty in Q1 and delays to recruitment. Work towards creating implementation plans for all NHS Boards has started and boards were issued with self-assessment templates for completion in Q3. However, it is unlikely that the original target of 80% will be met.
<b>Voices &amp; Right of People &amp; Communities</b>							
Service change engagement	Number of NHS Board/IJB service change engagement plans influenced by advice & assurance	60		34	27	33	Annual target surpassed due to the higher volume of service change being considered across the system.
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	N/A	N/A	42%	100%	
Annual stakeholder survey	Response rate*	50%	N/A	N/A	N/A	N/A	On hold due to spending controls. Alternatives under consideration.
<b>Organising Ourselves to Deliver</b>							
Complaints	% upheld with an improvement plan	100%	100%	100%	100%	100%	
iMatter	Employee engagement index score	80	N/A	75	N/A	N/A	<i>Annual survey</i>
Recurring savings	Recurring savings - cumulative	£2.5m	£0.6m	£0.5m	£1.1m	£0.9m	More non-recurring savings being made in year than recurring.
Communications	70 broadcast pieces per annum	70	17	34	42	26	Ahead of target due to success of neonatal, diabulimia and sustainable prescribing stories.

# Year to Date - Performance Summary – P11

At 28 February 2025 total income was £41.1m and total expenditure was £40.9m, driving a £0.2m underspend (0.5%), which was down from £0.6m in January.

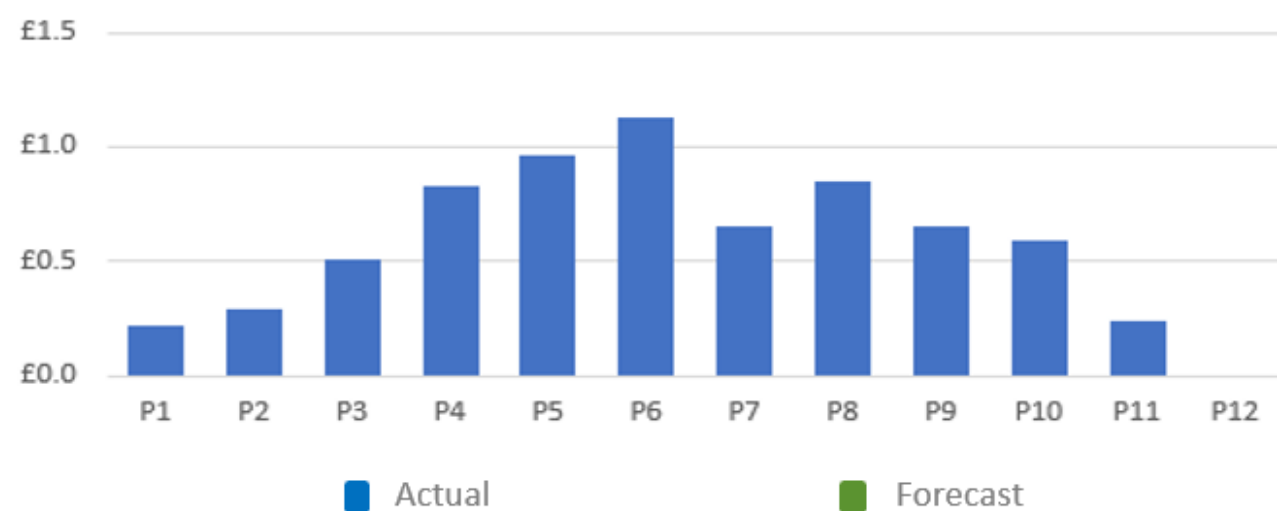
The underspend has decreased during the month due to less IHC Fee income (£0.1m), increased IT Hardware costs (£0.1m) and other general Pay and Non-Pay cost increases.

The underspend position includes £2.1m of savings delivered to date as part of our annual target of £2.5m.

The graph below shows the full year forecast with a break-even outturn.

A breakdown of the YTD position is shown in **Appendix 1**.

Underspend Forecast 2024/25



	Annual Forecast (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£45.9	£41.1	£39.5	£1.6
Pay	£39.0	£35.5	£33.5	(£2.0)
Non-Pay	£6.9	£5.4	£6.0	£0.6
Under/(over) spend	-	£0.2	-	£0.2
Total WTE		572	544	(28)

WTEs at the end of February were 572 – an increase of 14 from P10, primarily driven by increase of 10 in NSI, specifically in the Primary Care Improvement programme where WTE increased by 7.

There are currently 18 staff on the redeployment register and 8 roles that have live campaigns.

# Performance by Funding Source

Year to Date – P11						Full Year Forecast					
	Baseline and Other Income (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)		Baseline and Other Income (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)
Income	£33.8	£5.8	£1.2	£0.3	£41.1	Income	£36.8	£7.4	£1.4	£0.3	£45.9
Pay	£29.3	£4.9	£1.2	£0.2	£35.6	Pay	£32.1	£5.5	£1.2	£0.2	£39.0
Non-Pay	£4.1	£0.9	£0.2	£0.1	£5.3	Non-Pay	£4.7	£1.9	£0.2	£0.1	£6.9
<b>Under/(over) spend</b>	<b>£0.4</b>	<b>-</b>	<b>(£0.2)</b>	<b>-</b>	<b>£0.2</b>	<b>Under/(over) spend</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

## Key areas of variance YTD are:

- Baseline underspend primarily driven by N&SI Directorate, primarily due to delays in recruitment and lower WTE during the year.
- IHC overspend due to increased bad debt over the year.

## The above forecast assumes:

- £4.7m spend in P12 to achieve a breakeven position (spend in P11 was £4.3m)
- £0.3m of voluntary redundancy costs to be paid in P12
- corporate services recharge between baseline and allocations of c£0.7m.



# Allocations

## Additional Allocation Status at P11

Funding Status	Forecasted Funding (£)	Actual Expenditure YTD	Forecast Expenditure (£)
<b>Funding Received</b>	<b>6,878,528</b>	<b>6,357,712</b>	<b>7,730,313</b>
214 - Drugs & Alcohol	1,478,002	1,110,570	1,269,372
195 - Mental Health Care, Quality and Standards - Assurance and Reform	1,294,047	867,008	996,384
77 - HCSA - HIS Implementation of Act	1,235,354	915,498	1,145,120
12 - Primary Care Phased Investment Programme	1,061,652	1,038,702	1,257,389
54 - Right Decision Service	688,320	648,119	696,618
119 - Scottish Medicines Consortium & National Review Panel	513,797	464,089	571,755
79 - EiC - Delivery of Programme	460,000	271,639	326,363
486 - Voluntary Scheme for Branded Medicine Pricing, Access, and Growth	350,000	175,000	350,000
134 - Hospital at Home for Older People	290,000	159,923	237,703
135 - ASP Joint Inspection Programme 2024-25	250,000	198,031	219,944
171 - Volunteer Management System	231,000	13,221	101,100
149 - National Cancer Medicines Advisory Group	210,000	252,148	274,692
287 - Scottish Palliative Care Guidelines	159,892	185,499	202,863
102 - SUDI/SPSP-Perinatal Mid Lead	100,000	454	22,704
103 - Maternity Standards/C-section	94,403	57,809	58,307
115 - Return of Savings	(1,537,939)	0	0
<b>Total</b>	<b>6,878,528</b>	<b>6,357,712</b>	<b>7,730,313</b>

- At P11 we have received all our previously agreed expected programme allocations of £6.5m.
- We received in P11 funding of £0.4m relating to the Voluntary scheme for Branded Medicines Pricing and Access (VPAG). This is expected to be fully utilised within the current financial year – spend year to date is £0.2m.
- Spend on allocations to date was £6.4m, which was 92% of our forecast spend year to date.

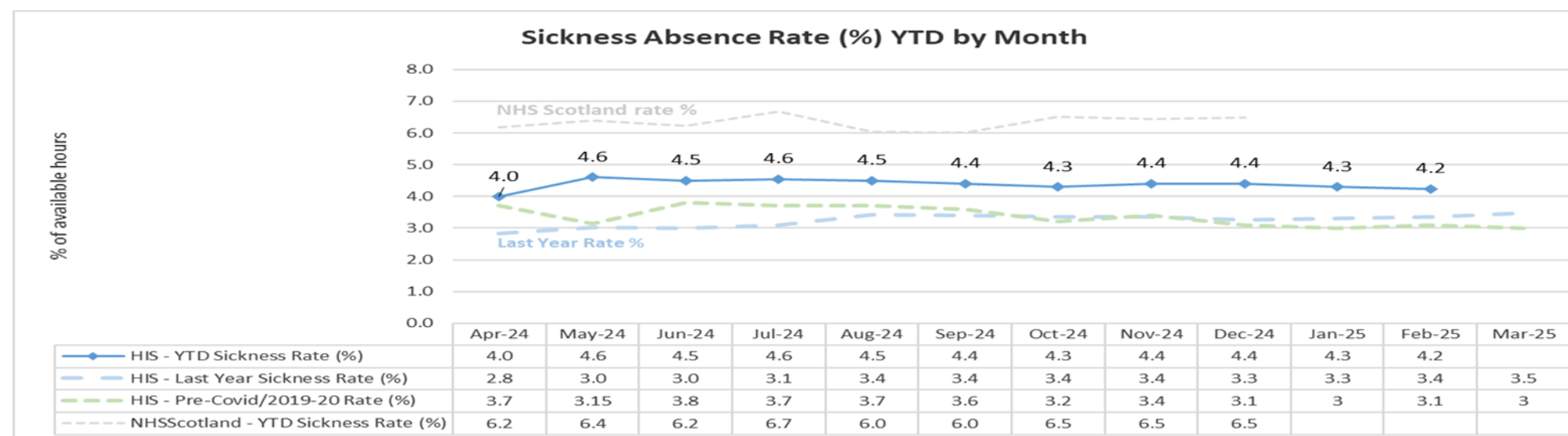
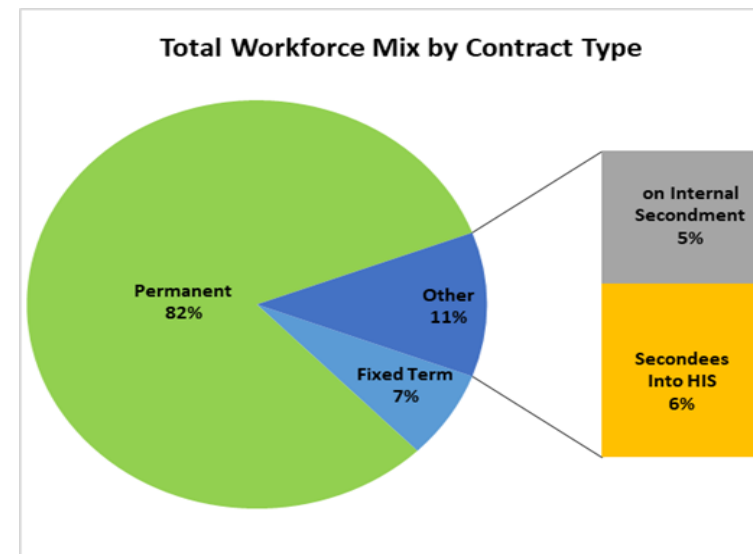
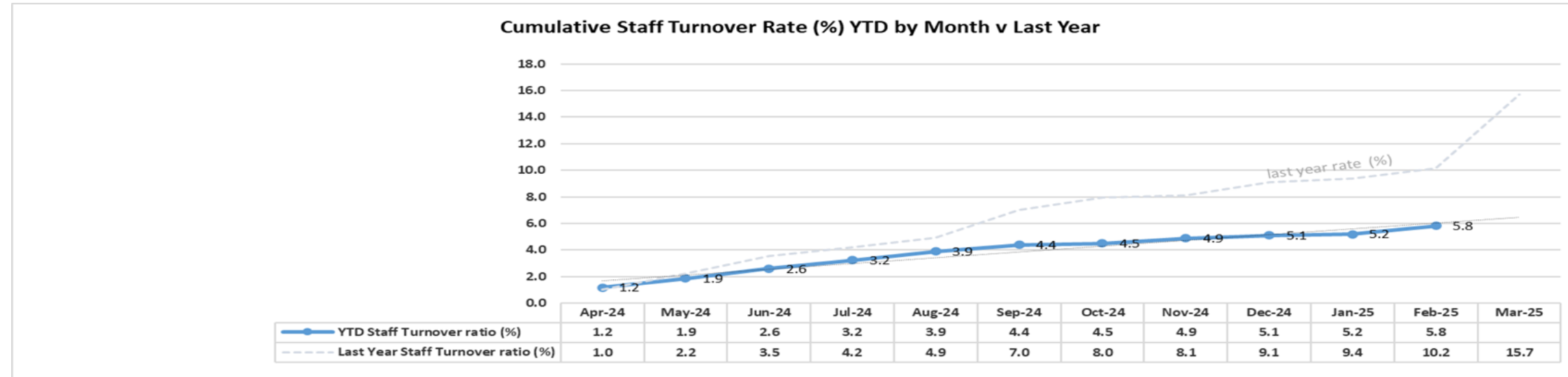
# Savings Targets

	Full Year Budget	P11	Remaining Savings To Be Made
Savings target - budget	2.5	2.3	0.2
<u>Pay savings:</u>			
Remove posts	0.6	0.5	0.1
Hold vacancies	1.1	0.5	0.6
Undefined	0.1	0.3	(0.2)
<u>Non-pay savings:</u>			
OD&L	0.1	0.1	0.0
Travel and events	0.1	0.1	0.0
IT & Digital - undefined	0.2	0.0	0.2
Undefined	0.3	0.6	(0.3)
Savings target - actuals	2.5	2.1	0.4
<u>Split by:</u>			
Planned savings	1.9	1.2	0.7
Unplanned savings	0.6	0.9	(0.3)

- At the end of P11 we have achieved £2.1m of savings against the annual target of £2.5m (84%).
- 57% of our savings are on a recurring basis. This reliance on non-recurring savings creates a risk the organisation moves out of recurring balance and therefore savings targets are carried forward into future years.
- We are forecasting achieving our full savings target of £2.5m by year end.

	High Risk
	Medium Risk
	Low Risk

Appendix 3: Workforce report – YTD (April 2025 – February 2025)



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting – Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Mental Health Business Case</b>
<b>Agenda item:</b>	<b>3.2.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Clare Morrison, Director of Engagement and Change, and Eddie Docherty, Director of Quality Assurance and Regulation</b>
<b>Report Author:</b>	<b>Diana Hekerem, Associate Director of Transformational Change, and Donna Maclean, Chief Inspector</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

The Healthcare Improvement Scotland (HIS) Board approved the Mental Health business case in March 2024 but, due to financial uncertainties at that point, the business case only set out funding for 2024-25. This paper provides an update to that approved business case showing the funding for 2025-26 and the addition of Mental Health Responsive Support which is a new development during 2024-25.

This paper outlines how the Mental Health business case contributes to HIS's priorities, including improving the quality of care and reducing harm for some of the most vulnerable people in Scotland. As the business case represents a level of investment in excess of £500k, the HIS Standing Financial Instructions require that approval is sought from the HIS Board. The business case was approved by the Quality and Performance Committee on 19 February 2025.

## 2. Background

HIS has a duty to improve the quality of health and care and is seeking to align and target our assurance, evidence, improvement and engagement functions to meet the greatest challenges facing the safety and quality of care. Mental health is one of the major public health challenges in Scotland, with around 1 in 3 people estimated to be affected by mental illness in any one year.

People with mental health issues are some of the most vulnerable people in the population and are at significant risk of harm, often experiencing poorer health outcomes. For example, people with long-term mental health problems die on average 18-20 years

earlier than their peers and experience a higher level of co-morbidities over their lifetime, which impacts on both health and social health care. It is vital to recognise that some of the most vulnerable people are not seen in the acute system.

The purpose of the work in the Mental Health business case is to support delivery of the Scottish Government's *Mental Health and Wellbeing Strategy* and the *Mental Health and Wellbeing: Workforce Action Plan 2023-2025* which set out a vision of "a Scotland, free from stigma and inequality, where every person fulfils their right to achieve the best mental health and wellbeing possible". The strategy aims to improve lives of some of the most vulnerable and at-risk people, aligning with HIS's strategic priorities for 2025-26.

### **3. Assessment**

The Mental Health business case will support HIS's strategic priority delivery area of mental health through four programmes of work:

#### **1. Mental Health Improvement (standards) and Scottish Patient Safety Programme Mental Health**

- Working nationally to support implementation of core Mental Health Quality Standards.
- Offering support to all NHS Scotland boards and associated Health and Social Care Partnerships in line with a newly purposed Scottish Patient Safety Programme (SPSP) for Mental Health.

#### **2. Mental Health Reform - linked with NHS renewal and recovery**

- Working within localities to develop new pathways, improve current pathways and change systems within areas of complex mental health care.
- Making a national offer of support to NHS Scotland boards who wish to develop evidence-based services and pathways for those who are poorly served.
- Supporting the development of knowledge and skills of the workforce within areas of complex mental health care.

#### **3. Mental Health Assurance**

- Working to contribute to the safety and wellbeing of patients and service users within NHS adult mental health in-patient services through the provision of independent assurance of these services.
- This work will consider the safety and quality of care, and the focus will be on identifying areas which can be improved as well as sharing and promoting good practice that others can learn from.

#### **4. Mental Health Responsive Support**

- Respond to emerging high risk or high-profile priorities within the external Mental Health System, identified through HIS's Quality Management System (QMS), Safety Intelligence Group, Scottish Government or key stakeholders (eg, Mental Welfare Commission or boards), prioritised through HIS's responsive support process.

- Conclusion of work within NHS board areas around delayed discharge in mental health and learning disabilities as part of the First Minister’s priorities.
- Working nationally to optimise and accelerate opportunities for change.

HIS will use a QMS approach in this mental health work to ensure a whole-organisation, multi-layered impact to the design and delivery of the work. The QMS for Mental Health will be facilitated through regular meetings across the organisation to increase communication and knowledge, and build partnership approaches. The QMS will include partnership work between: Community Engagement & Transformational Change (mental health improvement, reform and responsive support), Quality Assurance & Regulation (mental health assurance), Evidence (standards), Healthcare Staffing (new Mental Health staffing tool), Excellence in Care (mental health assurance measures) and Drugs, Alcohol and Housing (mental health and substance use).

### Assessment considerations

<b>Quality/ Care</b>	<p>People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. This work will seek to increase quality and reduce harm for these people.</p> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>																														
<b>Resource Implications</b>	<p>The financial resources required for this programme for 2025 – 26 are as follows:</p> <table border="1" data-bbox="603 1144 1476 1585"> <thead> <tr> <th>Programme</th> <th>Pay</th> <th>Non-pay</th> <th>Total</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>Standards/SPSP</td> <td>509,480</td> <td>21,900</td> <td>531,380</td> <td>Core funding</td> </tr> <tr> <td>Reform - Renewal</td> <td>468,953</td> <td>7,200</td> <td>476,153</td> <td>Additional allocation</td> </tr> <tr> <td>Assurance</td> <td>516,838</td> <td>24,210</td> <td>541,048</td> <td>Additional allocation</td> </tr> <tr> <td>Responsive Support</td> <td>250,758</td> <td>5,400</td> <td>256,158</td> <td>Additional Allocation</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>£1,746,029</b></td> <td><b>£58,710</b></td> <td><b>£1,804,739</b></td> <td></td> </tr> </tbody> </table> <p>This programme will be delivered by the following human resources:  Standards/SPSP: 7.2 Whole Time Equivalent (WTE)  Assurance: 7.0 WTE  Reform - Renewal: 7.4 WTE  Responsive Support 4.0 WTE  TOTAL: 25.6 WTE</p> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>	Programme	Pay	Non-pay	Total	Source	Standards/SPSP	509,480	21,900	531,380	Core funding	Reform - Renewal	468,953	7,200	476,153	Additional allocation	Assurance	516,838	24,210	541,048	Additional allocation	Responsive Support	250,758	5,400	256,158	Additional Allocation	<b>TOTAL</b>	<b>£1,746,029</b>	<b>£58,710</b>	<b>£1,804,739</b>	
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<b>Clinical and Care Governance (CCG)</b>	<p>The work will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place to support the delivery of safe,</p>																														

	<p>effective, and person-centred health and social care services to improve outcomes for the people of Scotland.</p> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>
<b>Risk Management</b>	<p>Key risks have been identified in relation to:</p> <ul style="list-style-type: none"> <li>• Timescales for delivery</li> <li>• Funding</li> <li>• Government strategic priorities</li> <li>• Health and social care system capacity</li> <li>• Approach to working with vulnerable population groups</li> <li>• Recruitment and retention of workforce</li> </ul> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>
<b>Equality and Diversity, including health inequalities</b>	<p>People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. This work will seek to increase quality and reduce harm for these people.</p> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>
<b>Communication, involvement, engagement and consultation</b>	<p>Engagement has been undertaken with the Mental Health Directorate within the Scottish Government.</p> <p>See Business Case for the Mental Health Programme at Appendix 1 for more detail.</p>

#### 4 Recommendation

It is recommended that the HIS Board considers and approves the Mental Health Programme Business Case.

It is recommended that the Board accepts the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

#### 5 Appendices and links to additional information

Appendix 1: Business Case for Mental Health 2025-26

# Mental Health Business Case 2025-26

**Scottish Government Lead:** Luska Jerdin, Acting Deputy Director of Standards

**HIS Lead Director:** Clare Morrison, Director: Engagement and Change/ **Ann Gow, Director: Quality Assurance and Regulation**

**Proposal prepared by:** Diana Hekerem, Associate Director: Transformational Change: Donna Maclean Chief Inspector / Associate Director Quality Assurance and Regulation (QARD).

**Date SBAR submitted:**

**Date business case submitted:**

## 1. Background

### 1.1. Strategic priorities and key issues

The health and social care system continues to face a period of unprecedented challenge. There is a need to balance growing demands on the system against limited resources. As a result, it is recognised that there is likely to be a high level of service change across the health and social care system in response to these challenges.

### 1.2. Context

There has been a sustained deterioration in performance against key aspects of delivery including elective care, urgent and unscheduled care, and provision of social care, alongside a deterioration in the quality and safety of care as evidenced by Healthcare Improvement Scotland's (HIS) assurance work.

### 1.3. HIS strategic alignment and purpose

HIS has a duty to improve the quality of health and care and is seeking to align and target our assurance, evidence, improvement, and engagement functions to meet the greatest challenges facing the safety and quality of care. Mental health is one of the major public health challenges in Scotland, with around 1 in 3 people estimated to be affected by mental illness in any one year.

People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. For example, people with long-term mental health problems die on average 18-20 years earlier than their peers and they experience a higher level of co-morbidities over their lifetime, which impacts on both health and social health care. It is vital to recognise that some of the most vulnerable people are not seen in the acute system.



The purpose of this work is to support delivery of the Scottish Government’s Mental Health and Wellbeing Strategy and the Mental Health and Wellbeing: Workforce Action Plan 2023-2025 which set out a vision of “a Scotland, free from stigma and inequality, where every person fulfils their right to achieve the best mental health and wellbeing possible”. The strategy aims to improve lives of some of the most vulnerable and at-risk people, aligning with HIS’s strategic priorities for 2025 - 26.

#### 1.4. Previous work

For 2024-25 the HIS Mental Health offer was presented within a single business case, with programmes bundled together into a single coherent offer. Funding was confirmed for the following programmes (some by additional allocation and some core funded) to be led jointly by the Engagement and Change Directorate and Quality Assurance and Regulation Directorate (QARD):

- **Mental Health Improvement (Standards)**– providing improvement support to enable Boards to achieve new mental health standards published by Scottish Government (in adult secondary care services - across mental health inpatient and community mental health teams).
- **Mental Health Assurance** – contributing to the safety and wellbeing of patients and service users within NHS adult mental health inpatient services through the provision of independent assurance of these services.
- **Mental Health Reform** – supporting reform of mental health services for people who experience the poorest care.

The value for money for this work was presented as part of the 2024/25 Q3 performance report.

Early discussions around funding for 2025-26 have centred around bundling the HIS Mental Health offer in a similar way but with the addition of a programme of **Mental Health Responsive Support** to respond to emergent needs within the mental health system.

## 2. What are we aiming to achieve and how will we deliver it? How will we know we have been successful in achieving this?

### Overall aim and key objectives

HIS will use a Quality Management System (QMS) approach around the mental health work to ensure a whole organisation, multi-layered impact to the design and delivery of the work.

QMS for Mental Health will be facilitated through regular meetings across the organisation, to increase communication and knowledge, and build partnership approaches. This work will be underpinned, supported and described by a series of QMS programme tools such as Logic Model, Project Initiation Documents, Driver Diagrams etc.

It will include partnership work with other directorates specifically the Evidence Directorate in terms of standards, Healthcare Staffing in terms of a new Mental Health staffing tool; Excellence in Care in terms of Mental Health Assurance measures; and with other teams including the Transformational Change Alcohol Drugs and Housing Unit. The programmes will focus on the following priority areas:

### **Mental Health Improvement (Standards) and Scottish Patient Safety Programme Mental Health**

- Working nationally to support implementation of Core Mental Health Quality Standards.

- Offering support to all NHS Scotland boards and associated Health and Social Care Partnerships in line with a newly proposed Scottish Patient Safety Programme for Mental Health.

#### **Mental Health Reform - (Renewal and Recovery)**

- Working within localities to develop new pathways, improve current pathways and change systems within areas of complex mental health care.
- Making a national offer of support to NHS Scotland boards who wish to develop evidence-based services and pathways for those who are poorly served within areas of complexity.
- Supporting the development of knowledge and skills of the workforce within areas of complex mental health care.

#### **Mental Health Assurance**

- Working to contribute to the safety and wellbeing of patients and service users within NHS adult mental health inpatient services through the provision of independent assurance of these services.
- This work will consider the safety and quality of care, and the focus will be on identifying areas which can be improved as well as sharing and promoting good practice that others can learn from.

#### **Mental Health Responsive Support**

- Respond to emerging high risk or high profile priorities within the external Mental Health System, identified through HIS's QMS / Safety Intelligence Group or Scottish Government or key stakeholders (Mental Welfare Commission or Boards), prioritised through HIS's responsive support process.
- Conclusion of work within NHS board areas around delayed discharge in mental health and learning disabilities as part of the First Minister's priorities.
- Working nationally to optimise and accelerate opportunities for change.

## **2.2 Deliverables and approach 2025 -26**

### **Mental Health Improvement (Standards) and Scottish Patient Safety Programme Mental Health**

Working nationally using Scottish Patient Safety Programme (SPSP) methodology and the Essentials of Safe Care to support implementation of Core Mental Health Quality Standards and making an offer of support to all NHS Scotland boards and associated Health and Social Care Partnerships in line with a newly proposed Scottish Patient Safety Programme for Mental Health. This work will be delivered through the following activities:

- Participation in Healthcare Improvement Scotland's Quality Management System for Mental Health (QMS MH).
- Build upon previous work within perennials for Scottish Patient Safety Programme for Mental Health (for example seclusion, restraint, coercive practice, observation, safety at transition.)
- Use of data resulting from local assessment data, triangulated with Public Health Scotland (PHS) Benchmarking data and Excellence in Care quality indicators to support identification of national improvement priorities to be addressed with Scottish Patient Safety Programme for Mental Health and within other HIS programmes.
- Utilising the findings and improvements from inspections to inform and support the implementation of the Core Mental Health Standards across all Adult Mental Health Inpatient units within NHS Boards.

- Supporting the development and implementation of improvement plans for core mental health services within high priority boards following completion of local assessments against Mental Health Secondary Care Core Quality Standards.

This work will be aligned with the Mental Health and Substance Use Programme in HIS which is continuing its work to implement protocols that define how mental health and substance use services work together to improve outcomes for people with co-occurring mental health and substance use issues. This work is being separately funded by the Scottish Government's Drugs Policy Team.

Details around tasks, activities and milestones will be contained within key project management documents to support the work of the programme. Regular meeting and reporting between HIS and Scottish Government will monitor progress towards agreed aims and objectives.

### **Mental Health Reform (Renewal)**

Working nationally and within selected localities to develop new pathways, improve current pathways and change systems within areas of complex mental health care alongside a national offer of support to NHS Scotland boards who wish to develop person-centred and informed, evidence-based services and pathways for those who are poorly served within areas of complexity. Additionally, supporting the development of knowledge and skills of the workforce within areas of complex mental health care. This focus on renewal in line with the FM's priorities for the NHS through community, specialist preventative models, will enable improved access, with a focus on equity, and reduce pressure on acute care, adult general psychiatry and community mental health teams which is over capacity and causing safety concerns.

This work will be delivered through the following activities.

- Create opportunity for boards and partnerships to better meet the Core Mental Health Quality Standards.
- Utilise learning and outputs from previous phases of Early Intervention in Psychosis (EIP) and Personality Disorder Improvement Programme (PDIP) captured within the Implementation Guide, to influence and support the development of new services and improve pathways across the wider mental health system.
- Create a national data set for people experiencing psychosis, personality disorder or other severe mental disorders and illness
- Support commissioning and wider system readiness for change to enable person-centred redesign aligning with the ambition for NHS Renewal and Recovery.
- Focus on staff training, knowledge and capacity; promotion of "Essentials of EIP" clinical training module on TURAS
- Create a multidisciplinary Professional Peer Support network.

Details around tasks, activities and milestones will be contained within key project management documents to support the work of the programme. Regular meeting and reporting between HIS and Scottish Government will monitor progress towards agreed aims and objectives.

### **Mental Health External Assurance**

The Safe Delivery of Care inspection methodology is designed to support NHS boards in complying with national standards, improving patient outcomes, and identifying areas for improvement. Providing robust and

proportionate public assurance that is reflective of and responsive to current system pressures and is focused on helping services identify and reduce risks within the current operating environment, whilst minimising the impact of inspection on staff delivering frontline care. The process is guided by a well-established inspection prioritisation procedure, which uses a risk-based, proportionate, intelligence-led and data informed approach to determine the frequency of inspections. This ensures that inspection resources are targeted effectively.

The inspection footprint, in each NHS board, lasts approximately 12 weeks and includes the initial onsite visit, evidence review, discussions with the NHS board senior managers and staff, any necessary return visits, report production and publication. When areas for improvement are identified through our inspection processes, recommendations and requirements for improvement are issued to the NHS board and are documented within the published inspection report. To address these, an improvement action plan is produced by the NHS board who hold responsibility for the necessary improvements to meet the recommendations and the requirements. The findings and improvement action plans are published on our website.

In discussion with Scottish Government colleagues, in January 2025 the scope of mental health inspections was expanded beyond the initial Infection Prevention and Control focus (phase one), to the Safe Delivery of Care of NHS Adult Mental Health Inpatient Services (phase two).

The new Safe Delivery of Care methodology for Mental Health incorporates for example, the wider considerations and recommendations of the Strang report (2020) which identified six key themes:

- Patient access to mental health services
- Patient sense of safety
- Quality of care
- Organisational learning
- Leadership
- Governance

In addition to:

- Workforce, in line with the Health and Care (Staffing) (Scotland) Act.
- Mental healthcare environment, (this will include anti-ligature requirements).
- Communication/patient rights involvement in care.

The first inspection adopting this new approach is now underway.

Our inspection methodology is aligned to Our Quality Assurance System (QAS) which supports objective assessments of how health and care services are performing in vital areas which can impact on people's care and outcomes. Applying the HIS QAS and framework as part of a QMS approach will enable detailed in-depth assessments of areas impacting the safety and quality of inpatient adult mental health services against relevant standards and guidance, including the new mental health standards, and the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act 2019.

We will continue to work closely with key scrutiny partners such as the Mental Welfare Commission and the Care Inspectorate to form greater collaboration across our common areas and understand how we might work together in a more integrated way, to target our existing resources towards achieving high quality outcomes for individuals.

## **Mental Health Responsive Support**

Working responsively to emerging requirements within the external Mental Health System, identified through Scottish Government and key stakeholders ratified by HIS Executive Team. Initially this work will be within up to four NHS board areas around delayed discharge in mental health and learning disabilities and nationally to optimise and accelerate opportunities for change. This work will be delivered through the following activities:

- Understand the needs of the system identified through Core Mental Health Quality Standards data, the work of other HIS programmes and other key stakeholders.
- Continue current work to reduce delays in discharge in both mental health and learning disabilities.
- Use Quality Improvement and other improvement methodology to take local areas through a minimum of four tests of change with an aim to reduce the length of delays, total number of delays and to prevent delays from occurring.
- Focus on national policy and legislation to accelerate opportunities for change and reduction in delays in discharge.
- Promotion of national learning and viewpoint on current focused topic, through a delayed discharge learning system so that solutions can be spread and scaled up rapidly.
- Continuation of Peer Support Network for "Coming Home", bringing together a range of experts from across Scotland to share good practice and focus collectively upon challenges to care of people with highly complex needs.
- Explore other priority areas within the mental health system as identified and agreed between HIS and Scottish Government. This may include the development of service specifications, or a target operating model for mental health services.

Details around tasks, activities and milestones will be contained within key project management documents to support the work of the programme. Regular meeting and reporting between HIS and Scottish Government will monitor progress towards agreed aims and objectives.

## **Learning System**

A learning system will actively run between Quality Assurance Regulation, Community Engagement and Transformational Change, Evidence and Corporate Directorates to draw learning, share insights, and create opportunities to have a joined-up approach to working with external and local mental health system, services and organisations. As part of a QMS system it will be responsive and reflective to the needs, wants and issues within Mental Health services and enables HIS to be agile about refining, renewing and redesigning priority areas.

The learning system will aim to improve quality and safety of care by accelerating innovation, supporting local systems to use data for improvement, and supporting involvement of those with lived and living experience. This will enable safe, effective, and person-centred care to be delivered.

It will provide a forum for national dialogue, sharing learning, experience, and good practice in relation to system-wide issues. This can provide support for critical issues and help create change that happens in real time within services and systems.

The learning system will include virtual events to build capacity, capability, and knowledge for practitioners in the system; practical resources developed by HIS; blogs; and case studies. All webinars, workshops, and events will be delivered in formats taking account of system pressures.

### **People with Lived and Living Experience**

These programmes meet a HIS organisational commitment to hearing the voice of lived experience in the context of ensuring a focus on quality and safety in health and care.

All work is underpinned by wide and diverse engagement that places the voices of people and communities at the heart of improvements to the safety and quality of care.

We aim to continue the level of successful, meaningful engagement with people with lived and living experience that has been core to all current mental health programmes, including:

- Working with third sector partners to gain access to specific insights through larger networks of people with lived and living experience.
- Facilitating involvement that is trauma-informed, legal, ethical, and inclusive.
- Work with Community Engagement colleagues to undertake a “Gathering Views” exercise.
- Continue to facilitate networks of internal and external mental health board / Health and Social Care Partnership (HSCP) delivery, clinical, professional, third sector and public partner leads so that insights, intelligence, and knowledge are shared, and services are effectively co-ordinated and aligned.

### **2.3 Anticipated outcomes**

The table below presents an overview of the anticipated short, medium and long-term outcomes that this programme will deliver.

These are based upon evidence around the difference that high quality services and supports can make for people with long-term and complex mental health support needs as well as families, carers, staff and communities.

An initial priority establishment of the QMS, will be the development of a full logic model, driver diagram and measurement plan for the outcomes, which will include operational definitions for each of these outcomes and expected outcome %s. This will be done with specialist clinical input to ensure these are realistic and relevant for the system where current baselines in key areas are unavailable and system complexity is a critical factor in achieving outcomes. This will be a priority over the next two quarters.

Quantifiable outcomes aligned to the new programme of work will be added; the work to create these is in progress between the Scottish Government and HIS teams. This will clearly align with the priority areas of the Scottish Mental Health Strategy, the standards implementation plan and HIS priorities and strategy, and include the impact aims to improve the quality of care and the measures which ensure HIS is delivering a high quality improvement programme.

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
WHAT THE PEOPLE WE WORK WITH GAIN FROM THE PROGRAMME	WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
<p>100% of Boards in Scotland will have:</p> <ul style="list-style-type: none"> <li>• Access to resources and specialist skills to identify areas for improvement.</li> <li>• Access to good practice, practical resources, and peer support (via the national learning system) to support improvement.</li> <li>• Learning from inspection reports and through NHS board inspection improvement action plans.</li> </ul> <p>People with lived &amp; living experience, gain:</p> <ul style="list-style-type: none"> <li>• The opportunity to participate in the co-design of mental health service improvements.</li> </ul> <p>Scottish Government gains:</p> <ul style="list-style-type: none"> <li>• Access to learning and insights to inform policy development.</li> <li>• Public assurance on safety and quality of mental health services.</li> </ul>	<p>Organisations delivering services:</p> <ul style="list-style-type: none"> <li>• Actively use the knowledge, skills and resources gained to increase quality and safety of mental health services to impact positively on culture, behaviour and approaches on wards so that care is and feels safe.</li> </ul> <p>People with lived and living experience, gain:</p> <ul style="list-style-type: none"> <li>• Increased number of people who influence on how services are delivered.</li> <li>• Increased influence from areas with inequalities.</li> </ul> <p>Scottish Government:</p> <ul style="list-style-type: none"> <li>• Actively uses the learning from this programme to inform policy development.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in achievement of mental health quality standards from baseline.</li> <li>• Reduction in waiting lists for community, specialist services and acute services.</li> <li>• Reduction in delayed discharges and inappropriate placements.</li> <li>• Reduction in harms within inpatient settings (suicide, safety incidence and violence).</li> <li>• Reduction in detentions under the mental health act.</li> <li>• Increase in people able to be in sustainable education and employment.</li> </ul>

#### 2.4 How we will measure these outcomes

Key Performance Indicators and Measurement Plans for the three improvement programmes agreed with Scottish Government are in place until end March 2026.

These include but are not limited to the following, in terms of qualitative measures:

- Feedback from people using services, families being supported and staff within services
- Feedback from those participating in learning system events
- Case studies

These include but are not limited to the following, in terms of quantitative measures:

- Rates of reduction in use of Mental Health Act to detain people
- Rates of readmissions in areas engaged with improvement programmes

- Data on referral to treatment timescales for specific conditions eg psychosis
- Number of areas with improvement plans in place to meet Core Mental Health Standards
- Rates of reductions in numbers of out of area placements, at-risk placements and delayed discharges

## 3. Costs and resources

### 3.1 Financial resource requirements

Indicative budget and staff resource requirement below:

#### Mental Health Standards (core funded – SPSP Mental Health programme funding, this is recurring)

Role	High level contribution to programme	WTE
Portfolio Lead	Strategic leadership for TCMH Unit	1.00
Senior Improvement Advisor	Operational delivery lead	1.00
Improvement Advisor	Quality improvement input and expertise	1.00
Programme Manager	Operational and administrative management to TCMH Unit	1.00
Senior Project Officer	Coordination and	1.00
Project Officer	Project management support	1.00
Administrative Officer	Administrative support	1.00
Clinical Lead Psychiatry	Expertise, advice, clinical and care governance	0.20
Total Pays Costs		£509,480
Non Pays (Travel, Training, Service Design)		£21,900
<b>Grand Total</b>		<b>£531,380</b>

#### Mental Health Reform - Renewal (additional allocation – requested to be baselined)

Role	High level contribution to programme	WTE
Senior Improvement Advisor	Operational delivery lead	1.00
Improvement Advisor	Quality improvement input and expertise	2.00
Public Involvement Advisor	Expertise and input to user involvement and engagement	1.00
Senior Project Officer	Coordination and management of programme	1.00
Project Officer	Project management support	1.00
Administrative Officer	Administrative support	1.00
Professional Lead	Expertise, advice, clinical and care governance	0.40
Total Pays Costs		£468,953
Non Pays (Travel, Training, Service Design)		£7,200
<b>*Direct funding to boards (costs associated with new EIP services as previously)</b>		<b>£450,000</b>
<b>Grand Total</b>		<b>£926,153</b>

\*Funding to be paid directly to boards as per original three year EIP plan



**Mental Health Assurance (additional allocation – requested to be baselined)**

Role	High level contribution to programme	WTE
Head of Inspections	Strategic leadership for Inspections	0.5
Senior Inspector	Inspections leadership, input and expertise	1.0
Inspector	Inspections input and expertise	4.0
Programme manager	Operational and administrative management to Inspections	0.5
Project Officer	Project management support	1.0
Total Pays Costs		£516,838
Non Pays (IT, software, training, travel and subsistence, hardware)		£24,210
<b>Grand Total</b>		<b>£541,048</b>

**Mental Health Responsive Support – additional allocation**

Role	High level contribution to programme	WTE
Senior Improvement Advisor <b>(from Core Funding)</b>	Operational delivery lead	1.00
Improvement Advisor	Quality improvement input and expertise	1.00
Improvement and Implementation Facilitator	Coordination, management of programme/QI support	1.00
Administrative Officer	Administrative support	1.00
Total Pays Costs		£250,758
Non Pays (Travel, Miscellaneous)		£5,400
<b>Grand Total</b>		<b>£256,158</b>

**3.2 Human resource requirements****Mental Health Standards (core funded)**

Multi-disciplinary redesign and improvement input will be provided by the Transformational Change Mental Health Unit (strategic leadership, quality improvement, clinical leadership, and programme/project management).

In addition, specialist input in relation to standards will be provided by the Evidence Directorate.

This programme will be resourced by existing staff on permanent contracts with extensions required for clinical leadership until transferred following conclusion of the new HIS medical model and cover for an extended career break once baseline budgets confirmed.

**Mental Health Assurance (additional allocation – requested to be baselined)**

The Mental Health Assurance work will be led by QARD (strategic leadership, clinical leadership, inspection, and programme/project management). The current programme funding is to 31 March 2025. To continue to effectively deliver the programme of assurance of NHS adult mental health services described above would require funding to be baselined as inspection programmes require the ability to recruit permanent inspection

staff with the required skills, knowledge, and expertise and all current programme staff have permanent contracts.

In addition to the resource detailed above input is likely to be required from:

- Evidence Directorate – data, measurement, and business intelligence.
- Medicines and Safety Directorate – ad hoc clinical leadership support/specialist clinical input.

### **Mental Health Reform - Renewal (additional allocation – requested to be baselined)**

Multi-disciplinary redesign and improvement input will be provided by the Transformational Change Mental Health Unit (strategic leadership, quality improvement, knowledge mobilisation, clinical leadership, and programme/project management), and the Transformation and Change in Systems (strategic planning). In addition, input may be required from:

- Evidence Directorate – data, measurement, and business intelligence.
- Engagement and Change Directorate – involvement of people with lived and living experience.

This programme will be resourced by staff on a mixture of contract types and work is ongoing with HR to confirm these staff against the workplan once baseline and then again when funding received from Scottish Government before end June 2025. If funding is not received there would be seven staff who would need to be redeployed after June 2025.

The reduction in resources due to the consolidation of programmes results in:

- End of external secondment for three Clinical Leads.
- Four staff members on fixed term contracts less than 2 years being added to the redeployment register.
- One internal secondee and one staff member with a fixed term contract over 2 years being displaced, with vacancies held in core budget in CESR and Evidence and Evaluation for Improvement Team to accommodate these if required.

### **3.3 IT, digital, cybersecurity, information security and information governance requirements**

There are requirements for the following:

- **IT/home working:** IT kit will be required for new starts.
- **Information Governance:** A Data Protection Information Agreement (DPIA) may be required, setting out how information shared by people who work in services and people with lived and living experience will be used.

### **3.4 Any other relevant information**

**Assumptions:** Pay costs are costed based on the 2024-25 agenda for change pay scale.

## **4. Governance and project management**

### **4.1 Governance structures/arrangements**

The following governance arrangements will be in place:

- The work will be managed through existing HIS governance arrangements, with oversight and scrutiny being provided by the Quality and Performance Committee.

- With mental health being a key delivery area for HIS, the work will be part of the HIS-wide mental health huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.
- There will be quarterly HIS-wide governance meetings with Scottish Government (including policy leads).
- A quarterly progress report will be submitted to the Scottish Government on all aspects of delivery.
- All inspection reports undertaken will be published following internal quality assurance processes.
- Analysis of common themes and areas of good practice identified from inspection findings will be shared with Scottish Government and NHS boards to inform policy development and support ongoing improvements in care.
- The SPSP Expert Reference Group will be maintained for the Mental Health Standards programme.
- An Advisory Group will be established for the Mental Health Reform programme.

#### 4.2 Clinical and care governance

The work will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place so that all aspects of the Mental Health Programmes support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland. The following considerations in line with the principles of the HIS Clinical and Care Governance Framework have been made:

PRINCIPLE	GOVERNANCE ARRANGEMENT
<b>We have a supported, involved and engaged workforce</b>	<ul style="list-style-type: none"> <li>• Planning will involve and engage relevant stakeholders and staff across HIS to ensure we make best use of our collective knowledge and skills.</li> <li>• This will include relevant clinical and professional expertise and links with other external sources of knowledge and expertise.</li> <li>• We will share learning and knowledge through the HIS Mental Health Network huddles.</li> </ul>
<b>There are clear lines of leadership and accountability</b>	<ul style="list-style-type: none"> <li>• There will be resources to support access to clinical and professional advice and input.</li> <li>• This will include any relevant clinical and care input to support the development and delivery of specific outputs.</li> <li>• A robust governance structure and programme management processes will be established.</li> </ul>
<b>We involve the people and communities who use services in all our programmes of work</b>	<ul style="list-style-type: none"> <li>• This mental health work will be underpinned by wide and diverse engagement that places the voices of people and communities at the heart of improvements to the safety and quality of care.</li> <li>• This work will work with third sector partners to gain access to specific insights through larger networks of people with lived and living experience.</li> <li>• An involvement plan will be developed to ensure that our work is trauma-informed, and any user</li> </ul>

PRINCIPLE	GOVERNANCE ARRANGEMENT
	research is conducted in a way that is trauma-informed, legal, ethical, and inclusive.
<b>There is transparent and informed decision making</b>	<ul style="list-style-type: none"> <li>This work will draw on local views and knowledge to inform our work.</li> <li>A robust governance structure and reporting process will be established.</li> </ul>
<b>All clinical and care risks are identified, managed, and acted upon</b>	<ul style="list-style-type: none"> <li>This work will draw on relevant clinical leadership and expertise to ensure clinical and care risks and areas for improvement are identified, managed, and acted upon.</li> <li>A robust governance structure and risk management, monitoring and escalation process will be established.</li> </ul>
<b>We will uphold and demonstrate professional ethics, values, and standards</b>	<ul style="list-style-type: none"> <li>This work will draw on relevant clinical leadership and expertise to ensure professional ethics and values are upheld.</li> <li>Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is trauma-informed, legal, ethical, and inclusive.</li> </ul>
<b>We will continually share knowledge and learning with all out stakeholders</b>	<ul style="list-style-type: none"> <li>This work will establish a single integrated learning system to share learning, experience, and good practice in relation to system-wide issues.</li> </ul>

#### 4.3 Interdependencies and cross-organisational implications

This work will be designed to be delivered on a cross-organisational basis to ensure effective alignment and management of interfaces. This programme has the following key internal interfaces:

INTERFACE	MANAGEMENT ARRANGEMENTS
<b>HIS-wide work in mental health</b>	<ul style="list-style-type: none"> <li>HIS-wide mental health huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.</li> </ul>
<b>Transformation and Change in Drugs and Alcohol</b> <ul style="list-style-type: none"> <li>Medication Assisted Treatment Standards Implementation Support</li> <li>Pathways to Recovery: Improving Residential Rehabilitation Pathways</li> <li>Mental Health and Substance Use Protocol programme</li> </ul>	<ul style="list-style-type: none"> <li>HIS-wide substance use huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.</li> <li>Regular one to one between Portfolio Leads.</li> </ul>
<b>Quality Assurance and Regulation Directorate</b> <ul style="list-style-type: none"> <li>Mental Health Scrutiny and Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Regular one to ones with Chief Inspector or Head of NHS Inspections across all mental health work.</li> </ul>

INTERFACE	MANAGEMENT ARRANGEMENTS
<b>Evidence Directorate</b> <ul style="list-style-type: none"> <li>Standards Development</li> <li>Data, Measurement and Business Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>Potential for regular mental health focused huddle with Evidence or can be covered in regular Associate Director one to ones.</li> </ul>
<b>Engagement and Change Directorate</b> <ul style="list-style-type: none"> <li>Involvement of People</li> </ul>	<ul style="list-style-type: none"> <li>Regular one to ones with Head of Improvement of Engagement across all mental health work will be established.</li> <li>This work will require involvement of people with lived and living experience. This work will be undertaken with relevant input and support from the Engagement and Change Directorate.</li> </ul>

#### 4.4 Stakeholder engagement

This work will include learning from engaging and involving people with lived and living experience. An involvement plan that ensures the voice of lived and living experience is a key perspective will be developed.

We will work closely with our Engagement colleagues and other stakeholders to share practice and ensure we can build on existing networks, knowledge, and skills for engagement.

We will work with third sector partners to gain access to specific insights through larger networks of people with lived and living experience.

We will adopt a relationship management approach to ensure that stakeholders are partnered with, involved, consulted, or informed as appropriate.

A stakeholder engagement and communication plan outlining how we will work with key stakeholders will be prepared as part of the core programme governance arrangements.

#### 4.5 Equality impact assessments and ethical considerations

This work will contribute to the reduction of inequalities for those with mental health support needs in several ways, including:

- Creating the conditions by which people with mental health support needs can access timely and responsive support across Scotland.
- Engaging with people who have protected characteristics.
- Focusing on those with mental health support needs, who face additional inequalities in terms of health outcomes compared to the general population. It is known that these people have poorer physical health, lower mortality age, and face stigma and discrimination which contributes to poorer overall wellbeing.
- Engaging with, and involving, lived experience organisations, which will enable a whole system perspective that includes the voices of service users, families, and carers.

In addition, this work will embed equality and ethics in the following ways, helping HIS to deliver its current equality outcomes:

- This work aims to address the harms that inequalities cause by ensuring that all people who need mental health services have access to consistent and high quality care.
- This work will be underpinned by the PANEL principles to ensure a human-rights based approach.

- We will ensure that the views of people with lived and living experience are at the heart of this work.
- Our involvement of people with lived/living experience will be underpinned by an involvement plan.
- An Equality Impact Assessment (EQIA) will be completed and regularly reviewed to ensure that we are addressing actions and learning from new and emerging evidence.
- A Data Protection Impact Assessment (DPIA) will be completed to ensure our data processing is legal and ethical (including types of processing that may result in a risk to the rights and freedoms of individuals).
- Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is trauma-informed, legal, ethical, and inclusive.
- All staff members will undertake, at a minimum, level one training around trauma-informed practice.
- The work will be conducted in line with the principles set out in the HIS Clinical and Care Governance Framework, including ensuring:
  - We involve the people and communities who use services in the programme.
  - There is transparent and informed decision making.
  - We uphold and demonstrate professional ethics, values, and standards.

#### 4.6 Sustainability

The current situation, where people with mental health support needs are unable to easily access consistent and high quality care, is not sustainable. The focus of this work contributes to a sustainable health and social care system, with better care within mental health services for the benefit of all people with lived and living experience. HIS will support sustainability through:

- Supporting the implementation of mental health standards for accessible, consistent, and high quality care within the system.
- Provision of implementation support and support to embed and sustain improvements.
- Establishing a programme of inspections against relevant standards to support ongoing accessible, consistent, and high quality care within the system through identification of areas impacting the safety and quality of inpatient mental health services.
- Establishing a single integrated learning system to provide peer support for critical system-wide issues.

#### 4.7 Project management arrangement

The following programme management arrangements will be put in place across the Standards, Reform and Responsive Support programmes:

- Delivery team with a clearly defined structure, roles, and responsibilities.
- The following will be developed once the core team is established:
  - **Programme initiation documents (PID)** – detailed PIDs to support planning.
  - **Programme plans** – detailed plans setting out the key workstreams, programme stages, milestones, and timescales.
  - **Risks and issues log** – a risk and issue log setting out mitigations and responses.
  - **Logic model, driver diagram and measurement plan** – a detailed logic model, driver diagram and measurement plan, which sets out the theory of change and the quantitative and qualitative evidence that will be collected.
  - **Involvement plan** – an involvement plan setting out how we will involve people with experience of using services.

- **Stakeholder engagement and communication plan** – a detailed stakeholder engagement and communication plan outlining how we will work with key stakeholders.
- **Exit plan** – a plan for handing over the outputs and activities to the local system/other partners to ensure sustainability of outcomes.

## 5. Risks and mitigations

The following risks and mitigations have been identified:

KEY RISKS	MITIGATIONS
<p><b>Timescales for delivery</b> – for areas of work funded by additional allocation there is a risk that the delivery of required outputs and outcomes is not achievable within timescales (considering set-up and initiation times, etc.)</p>	<ul style="list-style-type: none"> <li>• Issue of formal award letter as soon as possible by Scottish Government to maximize delivery time.</li> <li>• Ongoing engagement with Scottish Government re: delivery progress and potential for funding to be baselined or funding extensions into subsequent years.</li> <li>• A robust plan in place to clearly identify activities and milestones that can be delivered within timescales.</li> </ul>
<p><b>Funding</b> – there is a risk that funding is not received/baselined or that pay uplifts are not funded resulting in inability to deliver improvement work.</p> <p>Should funding not be received there is an additional risk in respect of staff employed on permanent contracts with no associated funding.</p>	<ul style="list-style-type: none"> <li>• HIS has adopted a phased approach to delivery depending on receipt of funding. A review will be taken at the end of quarter 1 to ascertain whether work will be continued or paused.</li> <li>• Staff on permanent contracts with no substantive role will be allocated to work vis HIS reallocation/redeployment processes.</li> </ul>
<p><b>System capacity</b> – there is a risk that there is insufficient capacity in the system to meaningfully engage in activities to improve the quality and safety of mental health services (including inspections) resulting in an impact on achievement of desired outcomes.</p>	<ul style="list-style-type: none"> <li>• Utilise our insights and connections across the system to support identification of local areas to work with on priority areas, including presenting at the Mental Health Leads Group which includes representation from all NHS boards and areas.</li> <li>• Work with relevant professional groups to encourage engagement from the local system, and to gain insights as to local areas to work with on priority areas.</li> <li>• Co-design of engagement sessions to ensure timings take account of competing priorities.</li> <li>• Close communication with key stakeholders to adapt plans as required.</li> </ul>
<p><b>Approach</b> – there is a risk, when working with vulnerable population groups, that engagement may cause harm to wellbeing.</p>	<ul style="list-style-type: none"> <li>• Our involvement of people with lived and living experience will be underpinned by an involvement plan.</li> <li>• Engagement with people with lived experience will be undertaken by a third sector organisations as appropriate.</li> <li>• Retention of national clinical lead(s) to ensure clinical and care risks are identified, managed, and acted upon and professional ethics and values are upheld.</li> </ul>

KEY RISKS	MITIGATIONS
	<ul style="list-style-type: none"> <li>Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is ethical and inclusive.</li> <li>All staff members will undertake, at a minimum, level one training around trauma-informed practice.</li> </ul>
<p><b>Recruitment and retention of workforce</b> – there is a risk that recruitment and retention of staff will take longer than anticipated leading to delays in delivery and potential impact on outcomes.</p>	<ul style="list-style-type: none"> <li>HIS process put in place to make staff with over two years' service permanent and to allocate them to work.</li> <li>HIS process put in place to redeploy staff where current contracts have come to an end.</li> <li>Confirmation of funding from Scottish Government as soon as possible.</li> <li>Ongoing engagement with Scottish Government re: delivery progress and potential for funding to be baselined or funding extensions into subsequent years.</li> </ul>

A robust process for the identification, assessment, management, and escalation of risks will be put in place in line with the HIS Risk Management Strategy. This will include development of a risk register and regular review and monitoring of risks to ensure appropriate mitigation and action.



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Extending Hospital at Home Business Case</b>
<b>Agenda item:</b>	<b>3.2.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mhairi Hastings, Interim Director of Nursing and Systems Improvement</b>
<b>Report Author:</b>	<b>Belinda Robertson, Associate Director of improvement and Thomas Monaghan, Portfolio Lead for Improving Access</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

Healthcare Improvement Scotland (HIS) has delivered implementation support to Health and Social Care Partnerships (HSCPs) and NHS boards to implement older people/acute adult hospital at home services. This paper sets out HIS' proposed response to a request from Scottish Government (SG) to extend the scope of the current programme to include implementation support for additional specialties, developing assurance processes and provide evidence-based advice. This will form the basis of a more detailed business case.

This paper outlines how extending the organisation's role in the implementation of hospital at home contributes to HIS's priorities, including those to improve the quality of care, monitor the quality of healthcare services and provide advice on health services based on clinical and cost effectiveness. The extension represents a level of investment of £1.08m in 2025/26 and £1.40m for 2026/27 and approval is sought from the HIS Board to proceed.

## 2. Background

In February 2025 the First Minister announced a series of actions to reform and renew NHS Scotland that are expected to alleviate immediate pressures from hospitals while building a sustainable health and care system for the future. This includes increasing capacity of hospital at home services to support 2,000 "beds" by December 2026.

Hospital at home provides hospital level assessment, diagnostic and treatment from a person's home, or homely setting, and has been demonstrated to:

- Reduce decondition in older people compared to traditional hospital admission leading to reduced need for social care and care home admissions.

- Improve care experience by enabling people to stay in own home, particularly for people with frailty or dementia and people at the end of their lives.
- Reduce admissions to hospital and avoiding older people experiencing delayed discharge.
- Be more cost effective than traditional hospital care with costs 57% less than a traditional hospital admission.

HIS has supported HSCPs and NHS boards to improve the quality of health and care by implementing older people/acute adult hospital at home services since 2020. This has spread older people/acute adult services from three NHS boards to 13 NHS boards, and increased people supported by hospital at home from 391 people in April 2021 to 1,817 in January 2025. This represents the equivalent of 600 older people/acute adult hospital at home “beds” spread across Scotland in urban, rural and island localities.

In 2022/23 SG redefined the scope of hospital at home beyond older people/acute adult services to include specialist pathways including heart failure services, Outpatient Parenteral Antimicrobial Therapy (OPAT), respiratory and paediatric services. The speciality pathways have not received national implementation support and have remained at a capacity of around 400 “beds” while HIS-supported older people/acute adult services increased from 200 “beds” to 600 “beds”. The total hospital at home capacity in Scotland is estimated to be the equivalent of 1,000 “beds”.

The expanded definition has created confusion with other models of care, such as virtual wards. This has led to pressure to extend the definition further to include models of care and interventions that do not have clear evidence base or provide a direct alternative to acute admission. Part of the ask from SG is to complete a Health Technologies Assessment (HTA) on virtual wards which will help with clarity on the difference between the various delivery models.

SG has asked HIS to support NHS Reform and Renewal by extending the scope of the existing hospital at home programme to:

1. Provide implementation supports to HSCPs and NHS boards to development new hospital at home services, and improve the sustainability of existing services, across all pathways not just older people/acute adult services.
2. Design and implement review and quality assurance process to assure boards and ministers of high quality consistent, clinical care and to provide healthy challenge regarding service delivery and collating/sharing best practice.
3. A Health Technology Assessment of Virtual Wards to support future evidence-based service development.
4. Extend existing HIS data collection and analysis to all hospital at home services until Public Health Scotland (PHS) can establish publishable national statistics which could be implemented in 12 to 18 months.

### 3. Assessment

An extended Hospital at Home programme will support HIS's strategic priority delivery areas of frailty, community and primary care and NHS Reform and Recovery through three programmes of work with anticipated delivery by December 2026, by:

#### 1. Extend existing Hospital at Home improvement and implementation support to all hospital at home specialty pathways

- Extended the **national learning system** from older people/acute adult services to all specialty hospital at home services. This involves managing Teams channels for peer to peer learning, organising cross-site visits, regular specialty specific webinars and if capacity and budget allows, national events and updating evidence reviews.
- Offering **direct improvement and implementation support** to all HSCPs and NHS boards to establish and grow hospital at home services. This would continue to include older people/acute adult services as well as specialty paediatrics, respiratory and heart failure services.
- Continue to deliver a **national data collection** and reporting service for older people/acute adult services until PHS have established a new national process.
- Extending the current programme to include specialist hospital at home services requires additional capacity within the current programme, with enhance support to more specialty pathways requiring more additional capacity.

#### 2. Develop hospital at home assurance processes

- Extend the existing Acute Hospital Safe Delivery of Care Inspections to include hospital at home.
- This requires adapting existing standards and inspection methods to apply in a hospital at home environment before starting to inspect hospital at home services.
- This will require establishing a new hospital at home inspection team and staff development to work effectively with hospital at home services.

#### 3. Health Technology Assessment on Virtual Wards

- Scottish Health Technology Group (SHTG) undertake a Health Technology Assessment on Virtual Wards with resulting report used by SG to support quality planning of future scope of hospital at home services.
- Additional project management and research capacity which will enable SHTG to carry out an assessment within their existing commitments in the annual delivery plan.

The fourth request to **extend existing data collection processes** while PHS develops new national process has been assessed in collaboration with PHS. PHS has offered a revised proposal to lead on national data collection for all hospital at home specialty pathways.

Instead of developing new data collection processes PHS will adopt and adapt the HIS process for older people/acute adult services and apply them across all hospital at home

specialty pathways. HIS will share our knowledge and experience with PHS within the scope of the current programme. It is anticipated existing data collection process in HIS can be transferred to PHS over 12 to 18 months enabling HIS to redirect capacity.

The proposed extension of hospital at home will enable HIS to apply a Quality Management System (QMS) approach to ensure a whole organisation, with:

- Health Technology Assessment on Virtual Wards and the use of evidence within Improvement and Implementation support contributing towards **quality planning**
- Improvement and implementation support contributing towards **improving quality**
- New inspections contributing towards **managing quality**, and
- Learning through all three shared through the hospital at home **learning system**.

### Assessment considerations

<p><b>Quality/ Care</b></p>	<p>Extending hospital at home improvement and implementation support will ensure more older people and people with long term conditions at risk of immediate admission to hospital are able to access safe, effective, integrated person-centred care within their own home. This will reduce demand on traditional hospitals which will have the secondary impact of improving quality of care in hospitals due to reduced pressures and fewer people admitted at highest risk of delayed discharge.</p> <p>Extending the hospital at home programme to develop quality assurance processes will enable existing services to improve quality of care while providing assurance to the public that hospital at home is safe and effective.</p> <p>Extending hospital at home to provide advice on the clinical and cost effectiveness of Virtual Wards will ensure future scope changes to hospital at home are effective and maximise the benefits from available resources.</p>												
<p><b>Resource Implications</b></p>	<p>The additional financial resources required for the extension to this programme have been flagged in initial discussions with SG who have given early indication of likelihood of funding. For 2025/26 and 2026/27 the anticipated funding requirements are as follows:</p> <table border="1" data-bbox="603 1659 1479 2049"> <thead> <tr> <th>Programme</th> <th>2025/26</th> <th>2026/27</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>Additional clinical leadership across programme</td> <td>£93,201</td> <td>£143,996</td> <td>Additional allocation</td> </tr> <tr> <td>Improvement &amp; implementation support</td> <td>£311,731</td> <td>£428,588</td> <td>Additional allocation or additional baseline</td> </tr> </tbody> </table>	Programme	2025/26	2026/27	Source	Additional clinical leadership across programme	£93,201	£143,996	Additional allocation	Improvement & implementation support	£311,731	£428,588	Additional allocation or additional baseline
Programme	2025/26	2026/27	Source										
Additional clinical leadership across programme	£93,201	£143,996	Additional allocation										
Improvement & implementation support	£311,731	£428,588	Additional allocation or additional baseline										

	Inspections	£531,565	£773,328	Additional allocation or additional baseline
	HTA of virtual wards	£105,851	£21,805	Additional baseline
	Non-pays	£34,500	£30,000	Additional allocation or additional baseline
	<b>Total</b>	<b>£1,076,848</b>	<b>£1,397,717</b>	
	<p>The continuation of inspections beyond March 2027 is dependant upon baseline funding of £775,000 per year for staff costs, plus non-pay costs for travel.</p>			
	<p>It is anticipated that this programme will need 19.6 whole time equivalent (WTE) to be identified within HIS or recruited externally:</p> <ul style="list-style-type: none"> <li>• 3.0 WTE from Evidence and Digital</li> <li>• 6.5 WTE from Nursing and System Improvement</li> <li>• 9.6 WTE from Quality Assurance and Regulation</li> <li>• 0.6 WTE Clinical leadership</li> </ul>			
<b>Clinical and Care Governance (CCG)</b>	<p>The work will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place to support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland.</p>			
<b>Risk Management</b>	<p>Key risks have been identified in relation to:</p> <ul style="list-style-type: none"> <li>• Timescales for delivery</li> <li>• Unclear baseline in specialty Hospital at home pathways not currently supported by HIS</li> <li>• Lack of local recurrent funding inhibiting growth</li> <li>• Health and social care system capacity</li> <li>• Recruitment and retention of workforce</li> </ul>			
<b>Equality and Diversity, including health inequalities</b>	<p>Older people and people at risk of multiple unplanned admissions to hospital due to long term conditions are at significant risk of harm, often experiencing poorer quality of care. This work will increase quality and reduce harm for this vulnerable group.</p>			
<b>Communication, involvement, engagement and consultation</b>	<p>Engagement has been undertaken with boards and HSCTPs as well as specialist clinical groups and patient engagement has formed part of the ongoing expansion of Hospital at home older people/adult services.</p>			

## 4 Recommendation

The HIS Board is asked to support in principle the proposed expansion of the Hospital at Home programme and agree to HIS working with SG to develop a detailed business case for new additional allocations and baseline funding to support delivery of the programme up to a value of £1.08m in 2025/26 and £1.40m for 2026/27. The business case will be taken to the Quality and Performance Committee for more detailed consideration.

It is recommended that the Board accepts the following level of assurance:

**MODERATE:** Reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## 5 Appendices and links to additional information

The following appendices are provided in the additional reading folder:

Appendix 1: Older people hospital at home annual report 2023/24

Appendix 2: Older people hospital at home quarterly update (2024/25 Quarter three)

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Equalities – Update on Equality Outcomes, Equality Mainstreaming Report and Anti-racism Plan</b>
<b>Agenda item:</b>	<b>4.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Clare Morrison, Director of Engagement and Change &amp; Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager</b>
<b>Purpose of paper:</b>	<b>Awareness</b>

## 1. Situation

Healthcare Improvement Scotland’s Equality Mainstreaming Report, including refreshed equality outcomes for 2025-29 has been prepared for publication on 1 April 2025 (Appendix 1). An anti-racism plan from Healthcare Improvement Scotland has been developed concurrently and is to be included within this report (Appendix 2). The Board is asked to note the report and the anti-racism plan.

## 2. Background

Per the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Healthcare Improvement Scotland must report on how we have mainstreamed equality over the last two years, provide a final progress report on the equality outcomes we set in 2021 and publish new equality outcomes for 2025–2029. We must also publish information about the diversity of, and occupational segregation within, our workforce alongside information about pay gaps relating to gender, disability and ethnicity. Every four years we must publish a statement on our commitment to equal pay between women and men, disabled and non-disabled employees, and employees of different ethnicities.

In addition to our Equality Act duties, we have been directed by the Scottish Government to ‘develop and deliver against [our] own anti-racism plan’. This is a requirement for all NHS Scotland bodies and [Scottish Government guidance](#) was published in September 2024 to support this.

### 3. Assessment

A draft of Healthcare Improvement Scotland's 2025 Equality Mainstreaming Report, including equality outcomes for 2025-29 is attached at Appendix 1. The report provides the following:

- An overview of Healthcare Improvement Scotland's legal equality duties
- Information about how Healthcare Improvement Scotland mainstreams equality as part of its activities, alongside mainstreaming examples from across the organisation
- A final report on the equality outcomes we set for 2021-25
- A refreshed set of (four) equality outcomes for 2025-29
- Information about our workforce diversity and pay gaps
- An updated Equal Pay Statement

The report was considered by the Scottish Health Council on 20 February and the Staff Governance Committee on 13 March 2025. Prior to that it has been informed by internal and external engagement, including with:

- HIS teams and directorates
- HIS staff equality networks
- HIS Partnership Forum representatives
- Community engagement interviews and group discussion with patients from minority ethnic groups in Scotland. A draft report is available at Appendix 2.
- Engagement through a targeted consultation survey with maternity based organisations.

An earlier draft of equality outcomes was considered at the October meeting of the Staff Governance Committee. Outcomes one, two and four are fully or significantly directed at Healthcare Improvement Scotland staff. Outcome three relating to the protected characteristic of pregnancy and maternity has been reviewed by participants in Healthcare Improvement Scotland's Perinatal Quality Management System (QMS). As this outcome concerns external facing work, it will be signed-off by the QMS Core Team and executive sponsor.

An anti-racism plan for HIS has been developed concurrently with our 2025-29 equality outcomes and will support the delivery of outcome four on race. The plan is available at Appendix 2. The plan is sponsored at executive level by Clare Morrison, Safia Qureshi and Sybil Canavan. A cross-organisational delivery group has been established and has met twice (15 January and 4 March) to agree the plan's content and how staff will work together to deliver its activities. The group will meet six-weekly to review progress.



## Assessment considerations

<p><b>Quality/ Care</b></p>	<p>Our Equality Mainstreaming report and related work ensures HIS meets its Public Sector Equality Duty while recognising equality considerations are key to quality of care. Our equality work focusses HIS activities on the healthcare inequalities we can help reduce. As the evidence presented in Appendix 1 demonstrates, inequitable health outcomes derive in part from lower quality services disproportionately offered to particular demographic groups. All NHS boards including HIS share a legal duty to avoid discrimination and promote equality of opportunity.</p>
<p><b>Resource Implications</b></p>	<p>No financial resource implications.</p> <p>Delivering HIS equality commitments requires a OneTeam delivery approach utilising a range of staff and functions, including through our staff equality networks and different governance groups. Each outcome has its own delivery group in place and delivery planning is underway. Staff capacity and commitment will be required for ongoing successful delivery.</p> <p>The Equality, Inclusion and Human Rights Working Group has had a role in overseeing and supporting delivery of HIS equality outcomes and mainstreaming activities. The Working Group is currently on hold while our equalities resource is reviewed. Reporting lines for each individual outcome remain to be clarified in line with this review.</p>
<p><b>Clinical and Care Governance (CCG)</b></p>	<p>Equality outcomes will support HIS to meet all seven principles of the Clinical and Care Governance Framework.</p>
<p><b>Risk Management</b></p>	<p>The key risk is that we set outcomes we do not have organisational capacity to delivery, including because the delivery of equality outcomes is de-prioritised to support other system priorities. The risk is being mitigated by developing and delivering outcomes in collaboration with HIS teams who can sense-check proposals and integrate the planned activities into existing work plans and priorities.</p>
<p><b>Equality and Diversity, including health inequalities</b></p>	<p>The work described in this paper relates directly to how HIS will meet the requirements of the Public Sector Equality Duty and the Scotland Specific Duties. As above, our equality work includes activities around the healthcare inequalities we can influence.</p>
<p><b>Communication, involvement, engagement and consultation</b></p>	<p>The draft Equality Mainstreaming report presented includes examples of work from across the organisation, both in relation to our current set of equality and other efforts to mainstream equality. Our refreshed set of equality outcomes have been</p>

	<p>developed through consultation with a range of internal stakeholders, including:</p> <ul style="list-style-type: none"> <li>• Equality, Inclusion and Human Rights Working Group, 2 May and 8 August 2024</li> <li>• Scottish Health Council – all meetings beginning 23 May 2024</li> <li>• Transformational Change in Mental Health, 10 June 2024</li> <li>• HIS Senior Leadership Group, 11 June 2024</li> <li>• Quality Assurance and Regulation Directorate Management Team, 19 June 2024</li> <li>• Engagement Practice – Improvement, 19 June 2024</li> <li>• Engagement Practice – Evidence, 24 June 2024</li> <li>• Perinatal QMS, 19 July and 3 September 2024</li> <li>• Staff Equality Networks and Menopause Café via Teams spaces and regular meetings.</li> <li>• Staff Governance Committee, 23 October 2024 and 13 March 2025</li> <li>• HIS Partnership Forum 12 – 20 February [anti-racism plan]</li> </ul> <p>Engagement exercises to hear from minority ethnic communities and maternity stakeholders, both of whom are prioritised in our refreshed equality outcomes, have been completed and have informed the outcomes and their related activities.</p>
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#### 4 Recommendation

The Board is asked to:

- Note the report and the anti-racism plan It is recommended that the Board accept the following Level of Assurance:

**SIGNIFICANT:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. This is because the report content has been prepared in collaboration and drafts shared throughout for comment throughout the process. Sufficient capacity is available to make any final amendments that are recommended prior to the publication date of 1<sup>st</sup> April.

#### 5 Appendices and links to additional information

- Appendix 1: Draft Equality Mainstreaming Report 2025, including equality outcomes 2025-29
- Appendix 2: HIS anti-racism plan



Healthcare  
Improvement  
Scotland

Item 4.1 Appendix 1

# Equality Mainstreaming Report

Including Equality Outcomes (2025-2029)  
and Equal Pay Statement

April 2025

If you would like to read this report but need another language or format please let us know:



[his.equality@nhs.scot](mailto:his.equality@nhs.scot)



**0131 623 4300**

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# Foreword

We are pleased to present our Equality Mainstreaming Report 2025. This report provides an overview of the last four years of Healthcare Improvement Scotland's work and how we have included equality considerations across all we do. It includes a final progress report on the equality outcomes we set for 2021-2025, and a refreshed set of equality outcomes we will work towards over 2025-2029. Publishing this information is a key part of how Healthcare Improvement Scotland meets the requirements of the Equality Act 2010. It is also an opportunity for us to share our commitment to promoting equality and the particular ways our organisation can make a difference.

Healthcare Improvement Scotland's purpose is to support better health and social care for everyone in Scotland. Our efforts to mainstream equality are integral in ensuring that we drive quality and safety across the system by understanding the range of healthcare needs and experiences people have. In doing this important work, we are also an employer. Our ambition is to be an exemplar public sector employer, nurturing a diverse workforce of highly skilled people who are fully supported to meet their potential.

In this report, we set out the concrete ways in which we have mainstreamed equality within our work. This includes internal activities such as equality focused learning for our staff, and external activities such as engaging diverse communities to inform developments in healthcare policy. We also set out our priorities over the next four years, which are focused on perinatal healthcare, anti-racism and the inclusion of disabled staff and those who are part of an LGBT+ community. We are grateful to the huge number of Healthcare Improvement Scotland staff, our partner organisations and members of the public who have supported and shaped our contribution to equality over the last four years and our vision for the years to come.

Delivering our equality priorities will require the commitment of all our staff as well as impactful collaborations with our partners across the health system and throughout the public and third sector. We look forward to working together for an inclusive workplace and equitable healthcare.



Robbie Pearson, Chief Executive



Carole Wilkinson, Chair

# 1. Introduction

This report has been prepared to demonstrate Healthcare Improvement Scotland’s compliance with the Equality Act 2010 and the Public Sector Equality Duty as it applies in Scotland. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require us to:

- report on mainstreaming the Equality duty
- report our progress in relation to the equality outcomes we set in 2021
- publish new equality outcomes for 2025–2029
- assess and review our policies and practices for their compliance with the Act
- gather and use our employee information
- publish gender pay gap information, as well as information about pay gaps relating to disability and ethnicity
- publish a statement on equal pay between women and men, people who are disabled and people who are not, and people who fall into a minority ethnic group and people who do not
- consider award criteria and conditions in relation to public procurement, and
- publish in a manner that is accessible.

We hope however that our report goes beyond this legal requirement. We aim to share with you an understanding of our organisational culture and how we ensure that equality is considered within everything we do that is, mainstreamed. We would like you to understand the contribution we make to promoting equality and non-discrimination within health and social care more widely. And lastly, we aim to share our ongoing commitment to advancing equality and the plans we have for doing this over the next four years.

## 2. Executive summary

We have structures and processes in place to ensure we mainstream equality considerations throughout our work. This includes:

- Examples demonstrating how we have mainstreamed equality in practice are available from across our organisations. We are proud to share multiple examples within this report from teams undertaking a range of work.
- We have provided a final progress report on the equality outcomes we set in 2021, setting out where we have achieved and where we will continue to focus activity within our refreshed set of outcomes. In particular we have set out the need to build on and strengthen our approach to addressing racialised healthcare inequalities.
- We have set out four refreshed equality outcomes for the next reporting period, which is April 2025 – April 2029. Broadly, our refreshed outcomes focus on: workplace inclusion for disabled colleagues, fostering good relations for and among staff who identify with LGBT+ communities, promoting equitable maternity care and building staff confidence around challenging racism in the workplace and wider health care system.

- An anti-racism plan for our organisation is presented as part of this report and will support the delivery of equality outcome 4 on race and enable us to build on our strengths and learn from our 2021 outcomes.
- Our workforce data shows that we have remained under-represented across younger age demographics, disability and minority ethnic groups. We have an improved but still notable gender pay gap and a substantial and increasing disability pay gap. We also have a marginal ethnicity pay gap, skewed by low workforce representation.
- We have included actions across our refreshed set of equality outcomes to scope and address inclusion issues in relation to recruitment and progression.
- We have also published a refreshed Equal Pay Statement, in which we have committed to a range of actions to continue to assure equitable pay and conditions for all Healthcare Improvement Scotland employees.

### 3. Mainstreaming equality

Healthcare Improvement Scotland aims to include equality considerations across the range of work we do. In this section of our report, we provide information about the structures and processes we have in place for doing this.

#### Equality impact assessments (EQIA)

We have embedded EQIA into all of our programmes of work and we monitor completion through a quarterly data return. Our Equality, Inclusion and Human Rights Team actively support programme leads across the organisation to understand and engage with EQIA requirements in their area. This helps leads provide accurate data on the status of their EQIAs and access any support needed to improve performance. Over the course of the last two years, we have seen steady improvement in EQIA performance across the organisation. Overall, 90% of all Healthcare Improvement Scotland (HIS) programmes who should have an EQIA in place do so and active support is in place for those who are working to complete their assessments.

We often work jointly with partner organisations or undertake commissioned work. We ensure that any work we are involved in complies with the needs of the Public Sector Equality Duty and that we are able to make a proportionate contribution to developing an assessment or to acting on its findings. For example, the commissioning process for all our [Gathering Views](#) work requires that an EQIA has been carried out by the commissioning body and that the detail of this is shared with us to inform our engagement planning. Our Assurance of Engagement process for service changes requires that [NHS boards](#) and [Integration Joint Boards](#) carry out an EQIA as part of their planning. We assess the content of these EQIAs as part of our supporting function.

Following the redesign of our external website during spring 2024, we are working to publish all EQIAs for completed work in one easily accessible place. You can find a list of our completed EQIAs on the [Healthcare Improvement Scotland website](#).



## Equality, Inclusion and Human Rights Working Group

We have an Equality, Inclusion and Human Rights Working Group which supports the equality, inclusion and human rights agenda as it applies to Healthcare Improvement Scotland's work. With membership from across our whole organisation, the group oversees the development, implementation, monitoring and review of our equality outcomes and related action plans. Each of our staff equality networks are also represented, which helps the group identify key issues and prioritise actions in relation to areas of inequality that are impacting our work or workplace culture.

## Equality learning and capacity building

We deliver a facilitated Equality and Diversity induction training session every three months to all new staff. Our training covers the requirements of equality legislation and provides insight into the way disadvantage and inequality operates for different groups in society. It gives participants – who may be new employees or existing employees looking to refresh their knowledge – the opportunity to discuss equality information relevant to their work and actively consider the range of ways they can deliver equality as Healthcare Improvement Scotland employees. We regularly review and update the materials used to ensure we reflect current and topical information.

Over the last four years we have engaged 173 members of staff in our Equality and Diversity induction. All participants who completed the evaluation were able to note improvements in their knowledge and confidence in relation to Equality and Diversity. We also asked participants whether there was anything different they would do having attended the training. Some examples training participants shared include:

- “engage with people from different marginalised communities”
- “report Equality and Diversity issues in my evidence summaries”
- “be aware of protected characteristics, seen and unseen, in situations”
- “be considerate of my language when engaging with people”
- “be able to challenge my own residual cultural hangovers”.

During 2024 we also facilitated four equality and human rights focused development sessions for specific staff groups and governance committees. This included:

- ‘Equality and Human Rights–Towards Conscious Inclusion’ workshop run by the Equality, Inclusion and Human Rights Team for [Scottish Health Council](#) members in June. We were grateful to receive support from NHS Education for Scotland (NES) and the [Leading to Change](#) Team as well as equality colleagues in NHS Dumfries and Galloway.
- ‘Unconscious Bias and Moving Towards Conscious Inclusion’ workshop delivered by NES for members of our Equality, Inclusion and Human Rights Working Group in August.
- A session for Healthcare Improvement Scotland staff including senior leaders to explore the new UNCRC (Incorporation) (Scotland) Bill and what it means for us. We ran this jointly with NES colleagues in August.

- A half-day session in September exploring equality, inclusion and human rights in respect of HIS work and culture. This was run jointly by our Equality, Inclusion and Human Rights Team and Organisational Learning and Development Team for members of our Scottish Health Council and Staff Governance Committee.

These additional sessions have helped ensure that equality, inclusion and human rights are prioritised at the highest level of leadership. Considering the strategic direction of Healthcare Improvement Scotland, non-executive board members who participated in equality development activities told our Executive Team:

*We do not see addressing inequalities as a separate workstream, programme or activity, but embedded in all our work. We want to see Healthcare Improvement Scotland addressing inequalities in our approach to all of our work—it is the material upon which we cross-stitch improvement.*<sup>1</sup>

This is in the context of our 2023-28 strategy, [Leading quality health and care for Scotland](#) which commits to helping build a more equitable and sustainable future for Scotland.

### Corporate objective

We introduced a corporate objective focused on inclusive engagement during our 2024 cycle of staff Personal Development and Wellbeing Reviews. Individual progress in delivering on this outcome is monitored through bi-annual one-to-one progress reviews with line managers. This means that all Healthcare Improvement Scotland staff have committed to **contribute to the inclusive engagement of staff, people and communities, with attention to protected characteristics and marginalised identities, in developing and delivering HIS activities**. To support this, staff were offered examples of the different ways they might meet this outcome. This included:

- planning or delivering public involvement activities supported by Equality Impact Assessment
- chairing, leading or participating in activities with one of our staff equality networks
- supporting a team member to chair, lead or participate in activities with a staff Equality Network
- proactively improving personal understanding and / or practice in relation to inclusive engagement and promoting equality through available training or organisational resources.

## 4. Mainstreaming examples

This next set of examples highlight work from across our organisation to illustrate the different ways we have mainstreamed equality and the impact this has had. These examples are

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<sup>1</sup> HIS Board Strategy Day Steer for Executive Team (Executive Team meeting paper)

additional to those provided in our [2023 equality mainstreaming update report](#), and they focus primarily on the last two years.

## Supporting inclusive engagement

Our internal process *Governance for Engagement* aims to provide assurance that the organisation is meeting its duties in relation to equality and engagement with people who use NHS Scotland services. The process seeks to identify and improve on good engagement practice by examining and discussing practical examples of our work. Each of our directorates have taken part in the Governance for Engagement process since its establishment in 2021, and improvements to engagement practice have been observed.

In 2023-24, it was agreed that we would update our internal process to reflect the new [Quality Framework](#) for Community Engagement and Participation. This is the framework that Healthcare Improvement Scotland uses to carry out its role in supporting, ensuring and monitoring the duty on all NHS boards to encourage public involvement. The framework asks a range of questions including whether engagement processes are accessible, inclusive, reflective of diversity and informed by EQIA. We felt strongly that we should hold ourselves to the same standards. Through this process, improvements to engagement practice have been observed and we have been able to identify examples of good engagement practice across the organisation.

For example, our Drugs, Alcohol and Housing team have worked with Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium (SRC) to develop a survey on the experiences of people who had accessed, or tried to access, residential rehabilitation. Discussion groups were supported by the Simon Community and South Lanarkshire Beacons to ensure an ethical approach was taken throughout and that people taking part were supported by others they knew and trusted. You can read our report here: [Embedding Lived Experience in the Commissioning and Contracting of Residential Rehabilitation Services in Scotland: engagement analysis and findings](#).

Alongside this, the team engaged with people in recovery from Drug and Alcohol Harms to identify how MAT (Medically Assisted Treatment) Standards could be further improved so that recovery services are available and also acceptable to the people who need them. The team have supported all Alcohol and Drug Partnerships to engage with service users with a range of protected characteristics. Their work was acknowledged in the [Public Health Scotland](#) evaluation of Residential Rehabilitation programme—where it was recognised that residential rehab pathways are more accessible than they previously were.

We are committed to supporting those working in health and social care to understand good engagement practice and routes to inclusion for some of the most under-represented groups. For example, we developed a guide to [engaging with refugees and asylum seekers](#) by working in partnership with staff and service users from the [Scottish Refugee Council](#) and the [Mental Health Foundation](#)'s Refugees and Asylum Seekers Programme.

We also encourage public and third sector organisations to share examples of good practice which can inform engagement in health and care services. In October 2023, staff from Children’s Hospice Scotland (CHAS) presented a [webinar](#) on how they had successfully and sensitively engaged children of all ages and their families to develop a new strategic plan. In June 2024 we produced a [case study](#) describing how a robust EQIA process was central to designing the 'Digital Front Door', a new way for people in Scotland to access health and care services developed by the Scottish Government and COSLA.

## Research Governance policy

Some groups of people may be underrepresented or misrepresented in research studies. This could relate to one or more of the nine protected characteristics of the [Equality Act 2010](#) or other factors such as caring responsibilities, geography and socio-economic status.<sup>2</sup>

HIS Research Governance policy was due for review in 2024. Reviewing the current policy, the Research Governance Team noticed an opportunity to include up-to-date equality, diversity and inclusion policies, tools and practice recommendations. Setting out our commitment to equality as part of our research and its governance is essential. The Research Governance Team therefore explored best practice from across the research sector to support inclusive research.

The team identified that the UK’s National Institute for Health and Care Research has developed an [EDI toolkit](#) ‘to support researchers to understand better how to embed EDI in research design.’<sup>3</sup> The toolkit provides equality related definitions and guidance for researchers on how to embed equality and inclusion principles in the selection of participants, sites and samples, data collection, budgeting, public involvement, the research team, data analysis and presentation and dissemination, implementation and impact. This has been reflected within the updated Research Governance policy. All Healthcare Improvement Scotland staff involved in research must refer to the EDI toolkit and record how their work avoids discrimination and promotes equality and understanding between different groups.

The new policy refers our staff to Ramona Naicker’s [critically appraising for antiracism quality appraisal tool](#) and the participant characteristics table from [Trial Forge PRO EDI](#).<sup>45</sup> At present, the Research and Information Service’s guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the [Scottish Intercollegiate Guidelines Network](#)’s clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include data on age and body mass index levels at the time of diabetes diagnosis across different ethnicities.

## Promoting the right to health in prison settings

The Healthcare within Justice (HWJ) team leads improvement in healthcare provision in Scottish justice settings through joint inspections of prisons and police custody centres, in collaboration

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<sup>2</sup> [Equality Act 2010](#)

<sup>3</sup> [EDI Toolkit](#)

<sup>4</sup> [Critically Appraising for Antiracism](#);

<sup>5</sup>

with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS).

Our inspections help to ensure greater consistency of care for people across Scotland and to ensure people's human rights regarding healthcare are respected. Individuals in custody should receive healthcare and support in a way that is equitable compared to the general population, taking into account the constraints of the prison or custody environment. Our joint inspections have highlighted significant variation in the standard of care provided to detainees across Scotland and shown a need for robust scrutiny. Undertaking joint inspections supports Scottish Government in meeting its legal obligation to be fully compliant with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) in line with other UK countries.

The HWJ team collate findings from health provider self evaluations, evidence, discussions with staff and prisoners or detainees and through on-site inspection activities. We use these findings together to fully evaluate the quality of healthcare and shape our recommendations for improvement. Our published inspection reports feature recommendations and areas of good practice, and our unique role enables us to be at the heart of national efforts to understand and shape the quality of healthcare, particularly where challenges require a national solution. If we identify significant areas of concern that need to be escalated, we work with NHS Boards and Health and Social Care Partnerships to design and implement action plans, including follow up visits and discussions.

To further ensure inspections result in improvements, HIS introduced a new process in 2023 for reviewing action plans following each inspection. Following publication of inspection reports, HIS routinely requests an action plan from the NHS board / Health and Social Care Partnerships (HSCP) to request an outline of their plans / achievements on the back of recommendations set out within the inspection report. A response is required 3 months following report publication. The HWJ team risk assess these action plans to determine whether any follow up inspection activity is required—this provides an extra layer of quality assurance to ensure improvements are being taken forward in response to our inspection findings.

The team has strong links with the Scottish Health in Custody Network which is an umbrella of two networks: the National Police Care Network and the National Prison Care Network. It brings together NHS Boards, HSCPs, Police Scotland, the Scottish Prison Service and other partners to improve quality of life for people in the justice system. The forum enables us to share national areas for improvement and good practice to support and help advance rights and promote equality and consistency across Scotland. We also continue to partner and engage with a broad range of organisations such as the Mental Welfare Commission, Scottish Human Rights Commission and third sector organisations. The team also have a role in the UK's National Preventive Mechanism, a national organisation set up to strengthen the protection of people in detention through independent monitoring.

Within the first year of joint police custody inspections being established, HMICS / HIS published a 'baseline review of healthcare provision within police custody centres in Scotland.' This report highlighted the wide variation across Scotland with regard to access to healthcare for people in police custody. The report also outlines examples of good practice and made a number of recommendations, including nationally agreed Waiting Time Standards for the assessment and treatment of individuals detained in police custody centres, and the development of up-to-date guidance on the delivery of police custody healthcare. In direct response to this report, the National Police Care Network is developing a Target Operating Model (TOM) for Police Custody Healthcare and Forensic Medical Services. This will enhance efficiency and effectiveness while ensuring the consistent delivery of healthcare. The development of the TOM, alongside our inspection programmes, will support people in police custody across Scotland to receive holistic person-centred, trauma-informed care that meets their needs, with dignity.

The team also collaborate with relevant stakeholders within healthcare and justice settings to share inspection themes, learning and processes and to further raise the profile of our joint work with HMIPS and HMICS. In August 2024, the National Police and Prison Care Networks facilitated a webinar session on the 'Themes and Learning from Police Custody and Prison Inspections from a Healthcare Perspective' to support the continuous professional development of staff working within the NHS, Police Scotland, Scottish Prison Service and wider partners. HWJ inspectors presented at this session and feedback from participants was very positive. In terms of wider influence on the workforce for the future, our inspectors will work with student nurses to promote careers within the justice system, by offering a range of presentations to raise the profile of the work. It is our vision for the future to have student nurses working alongside inspectors to gain a holistic overview of the work that HIS undertakes, providing an insight into regulation and inspection.

A 3-year strategy has been developed to set out our vision for improving healthcare provision for people within the context of the justice system, aligned with HIS strategic objectives. In addition to delivering outcome-focused inspections of healthcare within prisons and police custody facilities, the strategy also takes account of the potential to improve other healthcare contacts individuals have within the justice system, such as forensic services and the court system. Read about the HWJ team's work and access its reports including the strategy on the [Healthcare Improvement Scotland website](#)

### Addressing perinatal health inequalities

The Scottish Patient Safety Programme (SPSP) Perinatal Programme is working to improve outcomes for women, birthing people, babies and families across Scotland. It aims to reduce stillbirths, understand variation in caesarean birth rates, improve the recognition, response and review of the deteriorating woman/birthing person and reduce neonatal morbidity and mortality.

The SPSP Perinatal programme has a focus on addressing inequities in perinatal outcomes, with content embedded throughout the improvement resources and activities of the programme. For example, the programme recently hosted a webinar focused on racialised

health inequalities in perinatal services with guest presenters Isioma Okolo, Consultant Obstetrician and Gynaecologist at NHS Forth Valley, and Nicola O'Brien, Best Start Project Midwife at NHS Greater Glasgow and Clyde. The webinar explored:

- How racialised health inequalities relate to the SPSP Perinatal driver diagrams
- The current context of racialised perinatal inequalities in Scotland within the global context
- The intrapartum care experience and outcomes for Black, Asian and Ethnic Minority women and birthing people in Glasgow.

The webinar attracted 92 attendees including colleagues from NHS Scotland boards, Scottish Government, strategic partners, third sector, academia and colleagues from England and Wales. Attendees described the webinar as inspiring and informative, improving understanding of the impact of local data, taking meaningful action and embedding equity in all their work. *"[The webinar] was fantastic! Great mix of insights and evidence and a good practice example."*

## Gender Identity Healthcare Standards

In September 2024, we published [new Standards for gender identity healthcare services](#). The Standards formed part of the Scottish Government's [strategic action framework for NHS gender identity services](#) for 2022-24. Our Standards and Indicators Team took a robust approach to public involvement and ensured the experiences of service users shaped the development of the Standards.

Right from the project initiation stage, the team involved people with lived experience and third sector representatives through an early 'scoping group' and a later 'Standards development group.' The team also worked closely with the [Equality Network](#) lived experience coordinator throughout the Standards development stage. Together they held six focus groups with people who had experience of accessing gender identity services. 65 out of 150 people who responded to the consultation survey also had direct experience of accessing services.

Throughout the Standards development, including the consultation stage, the team ensured they addressed concerns that had been raised by people with lived experience and their representatives. Each section of the Standards describes what the standard means for the person accessing services as well as for the professionals delivering care.

The team shared their learning about inclusive engagement with the LGBTQ+ community by hosting a [webinar](#) in collaboration with the organisation's Community Engagement and Transformational Change directorate.

## Complaints Handling Procedure refresh

Healthcare Improvement Scotland has undertaken a robust review of its Complaints Handling Procedure (CHP). Publication is planned for early 2025.

In reviewing and refreshing our Complaints Handling Procedure, we based our refreshed HIS CHP on the Scottish Public Services Ombudsman's (SPSO) NHS Model Complaints Handling Procedure. This model procedure is designed to ensure that complaints are handled efficiently and fairly across all NHS services in Scotland. The procedure aligns with the principles of the Equality Act 2010, which aims to protect individuals from discrimination and promote equality including:

- Making the complaints handling procedure accessible to everyone, regardless of their background or circumstances, for example making available information in different formats and languages to ensure that all individuals, including those with disabilities or language barriers, can easily understand and use our procedure
- Ensuring that all complaints are handled impartially and fairly, aligning with the requirement to treat everyone equally and without discrimination. The procedure mandates that complaints are resolved based on evidence and facts, ensuring that no one is treated unfairly due to their protected characteristics
- Our workforce will be trained to understand and respect the diverse needs of individuals, this includes awareness of the Equality Act and how to avoid discrimination, ensuring that all complaints are handled with sensitivity and respect for equality, while taking a trauma-informed approach
- Promoting the resolution of complaints as close to the point of service delivery as possible, meaning we consider the individuals needs and circumstances and supporting promotion of equality and preventing discrimination
- We are committed to learn from complaints to improve services. Our new process includes a series of activities which support the analysis of complaints data, identification of learning and action planning with oversight arrangements to ensure that action to address issues is implemented to improve and ensure continuous improvement in providing equitable services.

In addition during the time of our review, 16 July 2024, the United National Convention on the Right of Children (UNCRC) (Incorporation) (Scotland) Act 2024 made Scotland the first country in the UK, and the first devolved national in the world, to directly incorporate the UNCRC into domestic law. It was agreed as imperative then for Healthcare Improvement Scotland to adopt the first of the SPSOs guidance— [Child Friendly Complaints Handling Principles](#) and [Child Friendly Complaint Handling Process Guidance](#) and we have committed to continually review and adopt future published guidance, ensuring that we implement existing and future guidance to support this new legislation to meet the rights and needs of children, upholding children's rights under the UNCRC.

Overall, Healthcare Improvement Scotland supports and demonstrates commitment through our refreshed CHP, the principles of the Equality Act by ensuring that the complaints process is



accessible, fair and respectful of all individuals, promoting equality and preventing discrimination in our services.

## 5. Equality outcomes (2021-2025) – Final Progress Report

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 required us to publish equality outcomes we intended to achieve over the period April 2021 to April 2025. We set the following four equality outcomes:

1. A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.
2. Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.
3. People from minority ethnic groups are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

We have taken a number of actions over the past four years to achieve these outcomes. We provided an update on our progress in April 2023. You can read our update report on [our website](#). In this section of our report, we provide a final report on our progress against each of our 2021-2025 equality outcomes.

### Equality outcome 1

**A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.**

#### The issue

Certain groups including disabled people, people from minority ethnic groups and people from LGBT+ communities have continued to experience disadvantage in employment. This disadvantage is reflected in both employment and pay gaps as well as in the experiences people have of bias, discrimination and harassment in the workplace.

Healthcare Improvement Scotland's workforce data showed that we are under-represented in respect of the groups mentioned above. Our colleagues from these groups were also telling us that we needed to do more to foster an inclusive culture and to support visibility and leadership for diverse groups. It was also clear to us at that time that the Covid-19 pandemic was setting back progress for women as well as people with minority ethnic backgrounds and disabled

people. The widening disadvantage was a result of challenges with giving or receiving care, navigating vulnerability to illness and facing loss of employment. We knew it was important to increase the diversity of our workforce, and to do so in meaningful ways. This outcome was not solely about representation in our workforce data. We also wanted to ensure that the voices and experiences of staff from under-represented groups were heard and able to shape our activities.

## Our action

In our 2023 update report we shared that we developed three staff equality networks enabling staff from minority ethnic, LGBT+ and disabled groups to access peer support and influence organisational activity. Over 30% of Healthcare Improvement Scotland staff were participating in the networks, as members with living experience and as allies, and playing a significant role in raising awareness around inequalities. Since 2023 we have continued to support and develop our staff equality networks, which has included the development of a Carer's Network and Menopause Café. Around 43% of staff now engage with one or more of these groups.

We have also successfully taken forward policy and guidance updates, led by the expertise of staff with relevant living experience. For example, this included a Workplace Transgender Equality Policy, refreshed Menopause Policy and Guidance and an Inclusive Language Guide. In the last two years, we have been able to develop further pieces of policy and guidance that centre lived experience to create positive change in our workplace. These examples are set out below.

### Reasonable adjustment passport

During autumn 2024, we launched a Reasonable Adjustment Passport with guidance for our staff. This followed approval at our Partnership Forum which brings together union representatives and Healthcare Improvement Scotland managers. The passport supports employees to capture any adjustments they need to be fully included in the workplace and perform best in their roles. Employees can discuss and record agreed adjustments with a line manager, and then retain the adjustments if they change line manager but the adjustments continue to work for their role. Having the passport helps Healthcare Improvement Scotland meet section 20 of the Equality Act 2010—the duty to make reasonable adjustments—and deliver on NHS Scotland values. For example:

- Care and Compassion—by taking time to ensure our people are supported and able to contribute to their full potential
- Dignity and respect—by valuing the diversity of our workforce and work to ensuring every employee is enabled in their role
- Openness, honesty and responsibility—by building trust through transparency and doing what we say we will do
- Quality and teamwork—by understanding and valuing each other's role and contribution and being committed to maximising potential through shared learning and development.

As part of launching our Reasonable Adjustment Passport we partnered with the [Business Disability Forum](#) to deliver a series of staff webinars on reasonable adjustments and best practice. The Business Disability Forum is the leading business membership organisation in disability inclusion and a partner of NHS Scotland. The sessions explained what is meant by disability, the law and best practice on making adjustments, and how to spot adjustments are needed, make decisions and have good supportive conversations around this.



### **Menopause awareness and guidance**

When a new Once for Scotland Menstruation and Menopause Policy was launched and replaced our local policy and guidance in October 2024, we took steps to ensure good practice guidance was available for staff. Chaired by a colleague with lived experience, a group of staff worked together to refresh staff guidance and drive an inclusive culture through a series of awareness raising staff sessions. The sessions shared good practice in managing menopause symptoms within the workplace, and gave colleagues the opportunity to discuss any issues or questions that arose for them.

### **Equally Safe at Work**

We reported that in September 2022, Healthcare Improvement Scotland joined the NHS Scotland pilot of Close the Gap's employer accreditation programme [Equally Safe at Work](#). The programme promotes women's economic equality including by addressing the problem of violence against women. We were awarded Development Level accreditation in December 2023.



As part of the pilot a working group comprised of staff from different functions reviewed our in-house resources to support women employees who experience violence or abuse in their work or personal lives. We developed guidance for managers, provided clear signposting to support organisations as part of our staff intranet and renewed our Employee Assistance Programme to include better counselling and financial support options. We raised awareness about the economic consequences of women's workplace inequality and gained commitment to progress at the most senior levels of leadership. We updated our job adverts to include a commitment to flexible working and our internal communications encouraged both men and women to consider how they balance paid work with domestic and care work. Working group members

were able to hone their skills in gender analysis with the support of Close the Gap and share learning and practice tips with other NHS Boards participating in the pilot.

By 2023, we had updated our core Equality and Diversity training to include more detailed information about inequalities impacting minority ethnic groups, disabled people and LGBT+ communities. We continue to deliver this on a quarterly basis, with regularly updated material (*see section 2* above). In addition to this we were able to draw on the living experience and expertise of our staff to support our NHS24 colleagues by developing and delivering LGBT+ awareness training to their [Breathing Space](#) team. The training provided an overview of LGBT+ communities, the connection between these communities and mental health, and what the service can do to include people who identify as part of an LGBT+ community. All participants rated the session as very good or excellent. Participants said the training was ‘a very worthwhile use of time’ and helped them become ‘more confident in [their] approach.’ Our trainers were especially happy that one participant identifying within the LGBT community said, ‘it was a really lovely presentation and I felt well supported throughout.’

Since we set this outcome in 2021, our workforce profile in respect of protected characteristic groups has remained relatively consistent.<sup>6</sup> Our recruitment efforts have not managed to increase the proportion of staff who identify as disabled, part of an LGBT+ community or a minority ethnic group in Scotland. We have however made significant strides in respect of workplace inclusion for staff who share protected characteristics, and these have been the result of empowered staff groups sharing their insights and ideas for change. Our staff networks have been an invaluable source of expertise and skill, taking forward improvements in policy and awareness across the organisation. As a result, we are confident that any new employees joining Healthcare Improvement Scotland will feel welcomed and supported to be themselves at work, and that employees who share protected characteristics can be confident in their power to shape our workplace.

Our next set of equality outcomes have a greater focus on our recruitment process, particularly in respect of our outcomes relating to the protected characteristics of disability and race. We fully appreciate more action is needed to diversify our workforce, and that this in turn will enable us to include more voices and perspectives in the evolution of our policies and processes. As part of our refreshed set of equality outcomes we will also therefore continue to build on the improvements we have made around workplace inclusion and to promote good relations between the different groups of people represented within our workforce and the communities we serve.

## Equality outcome 2

**Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.**

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<sup>6</sup> See Workforce Equality Monitoring Report 2021-24

## The issue

We were concerned about the number of our staff who reported feeling stressed at work, and particularly in the context of the national rise in mental health issues through the Covid-19 pandemic. Evidence showed that there has been specific and disproportionate impact on the mental wellbeing of some protected characteristic groups including disabled people, minority ethnic groups and LGBT+ communities. We wanted to invest in the wellbeing of our diverse workforce to build and maintain resilience. We thought this was especially important for colleagues from minority ethnic backgrounds whose experiences during the pandemic had highlighted the enduring and severe impact of racist structures across the NHS Scotland system and at a whole society level.

## Our action

Overall, our action in this area has been targeted at and benefitted all Healthcare Improvement Scotland staff, with some examples of our approaches being tailored to target specific staff groups.

In our 2023 update for example, we reported on the development of new ways of working to cement the positive changes in our working practices that had been developed through the pandemic. We trialed and evaluated a hybrid approach to working and subsequently adopted this as an enduring feature of our workplace. In practice we have two main office bases available to staff, supporting in-person collaboration and access to a range of facilities as needed. We trust our staff and teams to work in the place that best enables them to carry out their role, whether this is in the office or at home on any given day. Our hybrid working approach has been well received by staff. We understand that there has been particular benefit for staff who have caring responsibilities, manage health conditions or sensory differences or who practice a religion. One respondent to our Carers Survey in June 2024 said for example *'flexible working is a major help, and colleagues are very understanding about me taking time out during the working day'*.

## Corporate objective

As part of our staff Personal Development and Wellbeing Review cycle all Healthcare Improvement Scotland staff commit 'be part of, and demonstrate a commitment to, supporting my own and others health and wellbeing, and contribute to an inclusive and healthy work environment in the way I work.' Setting an objective for all staff has enabled everyone to take actions that are specific to their own health and wellbeing and to receive support and encouragement from their line manager to do so.

## Trauma-informed practice

We described in our 2023 how we had taken a number of steps to upskill staff in trauma-informed practice and principles. This included signing up to the National Trauma Training Programme (NTP) Leadership Pledge of Support, identifying a Champion for Trauma-Informed

Practice, establishing a trauma-informed steering group to plan and implement trauma-informed practices across the organisation, introducing mandatory trauma-informed practice training for all staff and ensuring further training needs can easily be met.

We have continued this work, including by listening to the experiences and understanding of staff to identify effective strategies for further embedding trauma-informed practice. We have found that the distribution of knowledge and understanding of trauma-informed practice and its application in Healthcare Improvement Scotland is uneven. We have found that some work programmes embed trauma-informed approaches well but that more work is needed to further embed this. We are now exploring tools, mechanisms and processes to enhance the personal and mental safety of staff, to support staff to expand their window of tolerance and build resilience and to role model trauma-informed approaches.

### **Mental health and wellbeing peer support resources**

We have been facilitating weekly meditation sessions for staff on Tuesday mornings and wellbeing support sessions on Thursday afternoons, offering regular and varied support options. These sessions are all peer-led by our staff. The meditation sessions vary from week to week depending on which staff member is hosting. The Weekly wellbeing is a drop-in session which was set up during Covid, initially supported by the Confidential Contacts but now run as a self/staff supported session. The sessions allow staff to come together to talk about how they are taking care of their mental health and wellbeing and general chat that is not so frequent now staff are not regularly in the office.

Some of our staff have undertaken Mentally Healthy Workplace ‘train the trainer’ sessions in February 2025 which will support the subsequent roll-out of Managers Mentally Healthy Workplace training. We also have a number of staff who have been trained as mental health first aiders and have arranged refresher courses for new and existing first aiders by the end of the 2024 financial year.

We have also undertaken some targeted activities to support men’s mental health and menopause awareness, including:

- A talk from Andy’s Man club on 5 December 2023
- A session on See Me Men’s Mental Health Month–Stigma and Support within the Workplace on 14<sup>th</sup> November 2024
- Attending a webinar via Alliance and Scottish Government on Menopause Day on 18<sup>th</sup> October 2024

### **New Employee Assistance Programme**

In April 2023, we changed the supplier of our Employee Assistance Programme (EAP) to provide a more comprehensive and accessible service to our staff and volunteers.

Our Employee Assistance Programme is a 24/7 free and confidential support service designed to assist individuals in dealing more effectively with any personal, health, work or life challenges

they might be facing at any time. Our programme delivers a comprehensive service governed by clinical Standards and provides multiple access points to a dedicated Case Manager so that our people can access support at any time, no matter where in the world they are and whatever day or time they call.

The service gives both employees and volunteers confidential, easy access to a wide variety of mental health support, as well as practical assistance services. These professional services support our people in dealing with a whole host of personal or work-related issues. It helps to equip them with the tools they need to proactively protect and manage their mental health. It offers a range of routes to access the service including live chat, WhatsApp and text, an online portal and a freephone telephone line for support.

While always available, we have given additional sign-posting to the programme when we feel there may be a specific need with our workforce. For example, during the summer of 2024 when far-right, anti-immigration riots occurred across the UK this impacted the safety and wellbeing of multiple staff groups. We had also taken stand-alone steps to signpost support for specific staff groups, including in relation to violence against women through our Equally Safe at Work programme and LGBT+ communities through our list mental health support organisations shared during Pride months but available permanently on our staff intranet.

Overall, we feel we have undertaken a range of positive activities to support the wellbeing of staff and that have relevance to staff from a range of protected characteristic groups. We planned to work towards a better understanding of stigma, including self-stigma, and how this impacts access to support and health services for a range of groups. We unfortunately lacked capacity to take this forward. We have however set focused activities within our refreshed set of equality outcomes around understanding the diverse needs and experiences of different groups, including in relation to their engagement with services. We plan to continue the positive actions we have in place to support everyone's health and wellbeing while building organisational awareness and capacity in relation to the specific needs and experiences of different protected characteristic groups.

## Equality outcome 3

**Minority ethnic communities are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.**

## The issue

We knew that minority ethnic communities experience greater health inequalities including in relation to cardiovascular diseases, diabetes, HIV and uptake of screening programmes. Moreover, UK and international data clearly showed that people from some minority ethnic groups were at greater risk of adverse health outcomes and economic disadvantage through the Covid-19 pandemic.

We supported the vision set out in the [Race Equality Framework for 2016–2030](#) that minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, and we wanted to sharpen our focus on how the delivery of health and social care could help reduce these disparities.

## Our action

By 2023 we had supported staff learning opportunities through attendance at a range of sector specific workshops and by participating in the Scottish Government led community of practice on racialised health inequalities. Since then we have continued to participate in the learning that is taking place across the system and made our own contribution to this too.

## Critical appraisal

We know that institutional racism influences the specific work Healthcare Improvement Scotland does, including how we approach, interrogate, understand and apply healthcare evidence. Our Race and Ethnicity Network, Research and Information Service and knowledge specialists therefore worked together to develop and host a webinar on critically appraising for anti-racism—featuring guest speaker Ramona Naicker, Librarian for health subjects at Monash University. The webinar was aimed at colleagues in Healthcare Improvement Scotland and other NHS Boards who use information and knowledge as part of their role, whether as specialists or part of a wider skillset.

During the session Ramona demonstrated the [methodology and tool](#) they developed to help identify racism in published research. Participants learned where and how racism and racial bias show up in published research. You will be able to practice skills in identifying racial bias and responding appropriately. The webinar was recorded and is available on [Healthcare Improvement Scotland's YouTube channel](#). Following the session, Ramona said:

*In embracing an anti-racism approach, HIS is not just setting a new standard for ethical leadership in healthcare; they're illuminating a path toward a more inclusive and just future. Their unwavering commitment to antiracism extends beyond rhetoric, actively shaping a healthcare vision that values diversity and ensures that every individual is heard and respected. HIS's choice to prioritise antiracism isn't merely a checkbox—it's a strategic move towards innovation in healthcare. By fostering a culture that actively dismantles racial disparities, HIS is positioning itself as a pioneer in driving solutions for a more equitable healthcare landscape. This commitment isn't confined to HIS's immediate sphere; it's a ripple effect contributing to the creation of a sustainable and positive society. They're not just making waves in healthcare;*



*they're making an impact on a broader scale, inspiring positive change beyond the confines of their organisation.*

Following the webinar, we updated our Research Governance policy to include the [critically appraising for antiracism quality appraisal tool](#). At present, the Research and Information Service's guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the Scottish Intercollegiate Guidelines Network's clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include data on age and body mass index levels at the time of diabetes diagnosis across different ethnicities. The team is committed to embedding the approach wherever possible as part of an anti-racism approach to medical knowledge and progress.

### **NHS Scotland Ethnic Minority Forum**

We have also continued to actively contribute to the NHS Scotland Ethnic Minority Forum which brings together local race equality networks across the NHS to work towards improvements for minority ethnic staff in the NHS.

Safia Qureshi, our Director of Evidence and Digital, is part of the Ethnic Minority Forum's (EMF) Executive Team and has helped to steer its work.

Safia's role on the national group includes representing Healthcare Improvement Scotland's Race and Ethnicity Network, taking issues and information to the Forum and bringing things back to our own network.



As part of the Forum's executive, Safia helped develop the work plan, contributed to the development of its first annual report, and works to raise the profile of ethnic minority staff across NHS Scotland.

Along with the Forum's Chair and the rest of the Executive Team Safia met the Cabinet Secretary for Health and Social Care, Neil Gray. Safia said: "I love being part of the EMF. They are fabulous people from very diverse backgrounds. The meeting with the Cab Sec was great. They were very supportive, listened carefully and committed to following up on a few specific requests. They also offered a second meeting to follow up on some of the topics we discussed."

As part of our remit to support the engagement of people and communities in shaping health and care services in Scotland, our Community Engagement and Transformational Change directorate has been working to build and strengthen relationships with local minority ethnic communities across Scotland.

In April 2024 the directorate introduced the role of Engagement Advisor–Community (EAC) as part of a restructure. Since then, three new postholders have been working across the whole of Scotland (divided regionally by North, East and West) with a remit to build and maintain

relationships with communities. These include geographical communities, protected characteristic groups and communities of interest.

The directorate has so far engaged with twenty-six minority ethnic groups. The meetings have provided an overview of the team's role and the work of Healthcare Improvement Scotland alongside opportunities for involvement in a range of our programmes of work. The team highlight opportunities for feedback to local NHS Boards and HSCP, using Care Opinion, PASS and local feedback channels. The work informs and empowers communities to engage with both our organisation and local boards and partnerships.

We are not able to point to measurable changes in health inequalities for minority ethnic groups as a result of the outcome we set. We have however been able to identify strengths in the way we have engaged with and contributed to learning from the evidence and experience shared across the system. We have updated our processes so that we can better influence equitable healthcare in our role as the national healthcare improvement organisation. We have also set a range of actions as part of our 2025-29 equality outcomes and anti-racism plan to take forward work that evidence and our local engagement shows is needed and would be meaningful for Healthcare Improvement Scotland staff and the communities we serve.

## Equality outcome 4

**Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.**

### The issue

Our engagement participants had highlighted a range of accessibility issues in relation to healthcare access. This included the accessibility of information and engagement tools, unclear pathways between physical treatment and mental wellbeing support and costs associated with accessing treatments. We wanted to play a role in supporting the design and delivery of health and social care services which work for everyone and to respond to learning from the Covid-19 pandemic, including around successfully involving disabled people in our work.

### Our action

By 2023 we had worked with Disability Equality Scotland to train a cohort of engagement staff in Easy Read, an accessible format that makes written information easier to understand by using simple, jargon free language, short sentences and supporting images. The group were subsequently able to support our Standards and Indicators Team with an Easy Read version of the Bairns Hoose Standards and to trial Easy Read meeting agendas with internal teams. We had also produced staff guidance around accessible resources and events and embedded lived experience leadership within our Mental Health Improvement Team.

We were supporting HSCP's to discover, plan and implement new strategies for delivering support opportunities for people with learning disabilities in their area by—identifying evidence, sharing learning and facilitating networks at both a local and national level. We had also hosted

a webinar called [Planning for Engagement with Disabled Participants](#), exploring the potential of designing engagement through the lens of disability to improve engagement practice and move beyond the barriers both disabled people and community engagement practitioners experience.

### **Meeting Standards**

Since our 2023 report, we have been able to take forward work to support accessible and inclusive engagement. Recognising that a key part of accessibility in our hybrid work environment is ensuring that our meetings are as accessible as possible for all who attend, we developed and launched a Minimum Access Standards for meetings. The Standards support inclusive meetings, chiming with best practice in relation to health and safety and equalities while supporting everyone's health and wellbeing. The Standards cover a range of considerations, including: providing flexible meeting options for people to engage with the meeting, clarity on meeting purpose, managing timings, sharing materials in advance, creating an inclusive space for participation and ending with clear actions.

### **Strengthening Local Engagement opportunities**

The role of Engagement Advisor–Community (EAC) was introduced as part of the Community Engagement and Transformational Change directorate restructuring, with postholders commencing their roles in spring 2024. The three postholders work across the whole of Scotland (divided regionally by North, East and West), and have a remit to build and maintain relationships with communities across the country. These include geographical communities, protected characteristic groups and communities of interest. Since the commencement of the role, the EACs have held 10 meetings with mental health groups and 37 meetings with Carers Centres. Work is underway to continue to connect with local groups and to theme the intelligence gathered from local conversations so that it can be disseminated both internally to various programmes across the organisation and externally to the local NHS board or HSCP's to help inform current and future work activity.

Overall, we have taken a number of steps to improve the accessibility of our engagement practices and ensure disabled people can participate effectively. Alongside this, we have continued to support teams across the organisation to assess their work for impact on the range of protected characteristics groups including disability and take appropriate action to engage and learn from impacted groups. We have concluded that overcoming the barriers that disabled people face in accessing health care should be central to all of our work, and we are best placed to do this by supporting robust and inclusive community engagement processes. We will continue to map and engage communities, while strengthening our own knowledge and understanding of inclusive practice.

## 6. Healthcare Improvement Scotland equality outcomes 2025-2029

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires Healthcare Improvement Scotland to publish equality outcomes. Our equality outcomes specify a result that we aim to achieve to further one or more of the needs of the general equality duty. We are required to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To help inform our equality outcomes, Healthcare Improvement Scotland gathered and considered a range of relevant evidence. Evidence was obtained through:

- Engagement with our staff equality networks and organisational groups
- Engagement with voluntary organisations representing people who have given birth recently and are new parents
- Engagement with people from minority ethnic communities in Scotland
- An analysis of reports published by the Scottish Government, public bodies, third sector and other organisations describing the inequalities experienced by people with relevant protected characteristics
- Analysis of our workforce data
- Learning from our 2021-2015 equality outcomes and reflection on where we can best make a contribution.

We are grateful to everyone who participated in our engagement activities, including interviews and survey responses, or who produced reports that let us know about the experiences of different protected characteristic groups and what is needed to meet their needs and deliver their rights.

Analysis of the evidence identified many and pressing issues in relation to inequality. As Healthcare Improvement Scotland does not provide services directly to patients, we had to think carefully about what we could realistically achieve through the delivery of our own functions. Our considerations took into account our role as both an employer and as a public body which aims to support improvements in the quality of health and social care in Scotland.

As with previous years, we have again set four outcomes in total. All of our outcomes this time relate to specific protected characteristic groups—disability, gender reassignment, sexual orientation, race and pregnancy and maternity. For each of these outcomes however, we have

taken an intersectional approach and reflected on the range of protected characteristic groups we can benefit. We anticipate for example: a positive impact on women within our pregnancy and maternity outcome; a positive impact on people who practice a minority religion within our race outcome; and a positive impact in relation to age within our disability outcome.

## Equality Outcome 1–Disability

**Outcome: By 31<sup>st</sup> March 2029, employees who are disabled, neurodivergent and / or have a long-term condition experience an inclusive work environment and opportunities for professional development.**

### Activities and measures

How we will deliver the outcome and measure our progress:

**Activity 1:** Through awareness activities, we will support managers to understand disability and apply good practice in relation to reasonable adjustments.

#### **Measures:**

- Availability of disability and reasonable adjustment awareness resource which is compulsory for all managers
- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

**Activity 2:** Through training and guidance, we will ensure our staff can confidently meet an appropriate standard of accessibility, including for internal and external meetings, which include disabled staff and stakeholders equitably.

#### **Measures:**

- Evaluation poll taken before and after training session demonstrating improved awareness and confidence
- Availability of guidance for staff.

**Activity 3:** By harnessing and building on our knowledge about the range of adjustments needed by our employees, we will drive a culture where people are confident to ask for what they need.

#### **Measures:**

- Number of staff news articles about assistive technology and other adjustments
- Number of 'Digital Champions' sessions to focus on assistive technology
- Record of accessibility equipment provided showing consistent uptake from staff
- Directorate level 'pulse' survey question delivered bi-annually in partnership showing improving staff confidence in asking for what they need to work effectively.

**Activity 4:** We will remove barriers to joining and progressing at HIS by carrying out a disability audit of our recruitment practices.

**Measures:**

- Number of positive changes made to our recruitment process by April 2027
- An increase of 5% in the number of our staff who identify as disabled by 2029

**Activity 5:** We will support progression for disabled colleagues seeking career advancement by developing an approach to mentoring.

**Measures:**

- A mentoring scheme is in place by April 2027
- Number of people who have come forward as mentors or mentees

**Activity 6:** We will deepen staff knowledge and understanding of the different barriers faced by disabled people in our workplace by scoping our current understanding and raising awareness about inclusive practice in relation to specific conditions or differences such as mental health conditions, energy impairments / Long Covid and neurodivergence.

**Measures:**

- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

**Activity 7:** Identifying relevant opportunities to share learning from disability best practice with other staff groups, including via our Carers Network and Menopause Café.

**Measures:**

- Availability of a standing item for staff Equality Network Chairs to discuss shared initiatives
- Number of shared initiatives undertaken

## The general Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between people who share a protected characteristic and those who do not.

## Situation / evidence

Our staff survey supporting the development of equality outcomes identified inclusion for disabled staff as a top priority. The need to train staff and managers around inclusion and best practice was a key part of the feedback we received.

Just over 6% of the HIS workforce identify as disabled.<sup>7</sup> While this number could in reality be higher as a result of under reporting, disabled people seem to be significantly under-represented when accounting for around 26% of the Scottish population.<sup>8</sup> Only 45.9% of disabled people are in employment in Scotland compared to 81.7% of non-disabled people.<sup>9</sup> For some neurodivergent groups this gap may be wider still—for example, only 22% of autistic people across the UK are in full-time employment.<sup>10</sup>

Another consideration is the emergence of Long Covid over the last few years, with an estimated 1.9 million people across the UK experiencing this post-viral condition.<sup>11</sup> Recent research by the University of Stirling and Universities of Oxford and York found that ‘existing sickness absence, return to work and welfare policies do not meet the needs of workers with Long Covid, and that they often experienced a lack of support on attempting to return to work.’<sup>12</sup>

Alongside this employment gap, Healthcare Improvement Scotland’s most recent pay gap analysis shows that our disability pay gap is 20.7% (both mean and median) - more than double that of our gender pay gap. This pay gap has increased by 3% (mean) over the last three years, even though the number of job applications we have received from disabled candidates has been broadly consistent and there has been a 6% increase in job offers made to disabled candidates.<sup>13</sup>

We would like to ensure that we continue to attract disabled and neurodivergent employees to work at Healthcare Improvement Scotland. We also want to ensure we retain their talent by investing in an accessible and inclusive workplace and supporting career aspirations. This will mean reviewing the barriers that drive a lower employment rate and impede career and pay progression, which could also be contributing to our lower levels of recorded representation and pay.

While we are unable to stratify our workforce data to understand the interplay of multiple protected characteristics, we anticipate the need to be alert to the intersectional disadvantage that may impact specific groups—for example, disabled women. Close the Gap say that disabled women are among the most marginalised in the labour market and face a wider gender pay gap than non-disabled women. Through a series of focus groups Close the Gap identified some key themes. These included: inflexible work, poor employer knowledge about disability, discriminatory recruitment practice, impact of caring roles, whether or not reasonable

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<sup>7</sup> HIS Workforce Equality Report 2021-24

<sup>8</sup> [CBP-9602.pdf \(parliament.uk\)](#)

<sup>9</sup> [Employment - Inclusion Scotland](#)

<sup>10</sup> Business Disability Forum

<sup>11</sup> [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics](#)

<sup>12</sup> [UK work policies not fit for people living with Long Covid | About | University of Stirling](#)

<sup>13</sup> HIS Workforce Equality Monitoring Report 2021-24

adjustments are put in place by an employer, being visible at work and needing to educate others, difficulty accessing training and feelings of being judged.<sup>14</sup>

We anticipate that taking action to improve accessibility and inclusion for disabled colleagues will create positive learning and impact for other staff groups too. For example, Healthcare Improvement Scotland’s staff guidance on the menopause notes a range of adjustments that could benefit employees with related symptoms. Employment law has shown discrimination in relation to menopause symptoms can track a number of protected characteristics including, disability.<sup>15</sup> Moreover, menopause symptoms can intersect with a range of long-term conditions and sensory or neurological differences.<sup>16</sup>

As a matter of good practice, adjustments should be considered for any applicant or employee with a health condition which could potentially be considered as disability per the Equality Act 2010.<sup>17</sup> The duty for employers to make reasonable adjustments is set out under section 20 of the Act.<sup>18</sup> There are many conditions and life changes that can result in disability across the life course. We think a range of measures besides reasonable adjustments can support this, and we would like to invest in good practice around workplace accessibility.

## Equality Outcome 2—Gender Reassignment and sexual orientation (LGBT+)

**Outcome: By 31<sup>st</sup> March 2029, through awareness activities employees who are LGBT+ will experience an inclusive and supportive work environment, including good relations with each other and non-LGBT employees.**

### Activities

How we will deliver this outcome and measure our progress:

**Activity 1:** By delivering a series of LGBT+ awareness sessions for HIS staff, we will increase understanding of the social and healthcare issues that impact different sections of this diverse community.

#### **Measures:**

- Number of sessions and range of themes covered
- Engagement with sessions including attendance and evaluation quotes

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<sup>14</sup> [Close the Gap | Blog | Emerging findings from Close the Gap research on disabled women and work](#)

<sup>15</sup> [Menopause, Employment Law & Workplace Rights | My Menopause Centre; Menopause in the workplace: Guidance for employers | EHRC; Mrs M Lynskey v Direct Line Insurance Services Ltd: 1802204/2022 and 1802386/2022 - GOV.UK](#)

<sup>16</sup> For example: [“A perfect storm”: Autistic experiences of menopause and midlife - Miranda J Brady, Christine A Jenkins, Julie M Gamble-Turner, Rachel L Moseley, Margaret Janse van Rensburg, Rose J Matthews, 2024 \(sagepub.com\)](#)

<sup>17</sup> Business Disability Forum

<sup>18</sup> [Equality Act 2010 \(legislation.gov.uk\)](#)



**Activity 2:** By sharing intelligence gathered through our own learning and practice in relation to LGBT+ communities, we will support each other to engage more effectively with the LGBT+ communities we serve.

**Measures:**

- Number of intelligence-sharing spaces facilitated
- Number of examples of 'good engagement' collected
- Reach of examples shared with HIS staff via work programmes and events
- Qualitative data about programmes that have benefitted from the learning we shared

**Activity 3:** By identifying learning from our partners and stakeholders we will ensure our staff have up-to-date knowledge of LGBT appropriate healthcare.

**Measures:**

- Number of sessions facilitated
- Engagement with sessions including attendance and evaluation quotes

**Activity 4:** We will enable visible allyship within our hybrid workplace by developing a digital 'badge' and allyship 'pledge' for optional use on staff intranet profiles.

**Measures:**

- Availability of digital badge and pledge
- Uptake from staff, measured through an anonymous form
- Uptake specifically by Executive Team and non-executive board members during Pride Month 2025

**Activity 5:** We will celebrate our LGBT+ colleagues by continuing to support our internal Pride Network and participating in Pride Months.

**Measures:**

- Availability of regular meetings and engagement opportunities
- Number of staff to take a leadership role in organising and facilitating a meeting or engagement opportunity
- Number of distinct activities hosted during Pride Months
- Availability of protected time for staff to contribute to Pride Network activities
- Uptake of allyship pledge from staff, measured through an anonymous form

## The general Equality Duty

This outcome meets the need of the general equality duty to foster good relations between people who share a protected characteristic and those who do not.

## Situation / evidence

Just over 6% of our staff identify with an LGBTQ+ identity—an increase of 1.4% over the last three years. The 2022 Scottish Census showed that 4% of the population identify as lesbian, gay or bi; and 0.4% are trans, almost half of whom are aged 16-24.<sup>19</sup>

Since 2021, our internal Pride Network for LGBTQ+ staff and allies has established itself in the organisation. The network has improved awareness of LGBTQ+ issues within our workforce and developed a more supportive workplace policy environment.

In our external facing work, Healthcare Improvement Scotland has contributed to the Scottish Government's [NHS Gender Identity Services: Strategic Action Framework 2022-2024](#) with the September 2024 publication of [Gender Identity Healthcare Services Standards](#). Our Standards will support clinical services and health boards to deliver positive changes in partnership for people requiring gender identity services in Scotland.

Throughout the positive work we have undertaken, we have been aware that social understanding and attitudes impact significantly on LGBTQ+ communities, particularly transgender people and their allies. For example, the Glasgow Centre for Population Health (2024) reports evidence that transgender people 'endure the worst forms of societal, political, institutional and interpersonal discrimination, exclusion and microaggression.'<sup>20</sup>

The NHS Scotland workforce is not sheltered from this. We know that the 'prior experience and/or perception among LGBT+ groups that interactions with healthcare services will be stressful, judgmental, ill-informed' impacts access to appropriate and equitable healthcare.<sup>21</sup> Moreover, social attitudes also impact on staff delivering or working to improve healthcare services for this population. The Scottish Government has noted that despite the provision of funding, some gender identity services 'have reported at times significant challenges in both the recruitment and retention of clinical staff ... The reasons for challenges in recruitment and retention are varied but include ... the politically polarised context of the work with significant media scrutiny and public exposure.'<sup>22</sup> Our own staff experienced some of this exposure in publishing our Standards.

At the same time there are reports of continued disparity in mental health outcomes for LGBTQ+ communities, and in particular trans and non-binary people. NHS Lothian, Greater Glasgow and Clyde and Public Health Scotland's 2022 LGBT health needs assessment showed that more than half of survey respondents said they had mental health problems like depression, anxiety and stress. This was highest for trans and non-binary people at around 75%.

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<sup>19</sup> [Scotland's Census 2022 - Sexual orientation and trans status or history | Scotland's Census \(scotlandscensus.gov.uk\)](#)

<sup>20</sup> [Examining the social determinants of LGBT+ health and wellbeing \(gcph.co.uk\)](#)

<sup>21</sup> [Examining the social determinants of LGBT+ health and wellbeing \(gcph.co.uk\)](#)

<sup>22</sup> [improving-access-delivery-nhs-scotland-specialist-gender-services-children-young-people-report.pdf \(www.gov.scot\)](#)

Only a quarter of survey respondents rated their general mental and emotional wellbeing positively—for trans and non-binary people it was just 10%.<sup>23</sup>

Some of this disparity could be attributable to long waiting times for mental health services and gender affirming care. It is clear however that polarised public discourse and bullying and harassment in public spaces, including online, takes a significant toll on emotional wellbeing.

As the 2024 Cass report highlighted, polarised debate detracts from the provision of quality healthcare. It is important that our staff experience safe, supportive workplaces with opportunities to learn and ask questions.<sup>24</sup> It is also important that those accessing healthcare services have assurance that NHS Scotland staff understand the issues relevant to the LGBT+ community and can respond appropriately, with compassion and respect.

It has always been of utmost importance that we respect the diversity of our workforce. Case law since 2021 has shown that gender-critical beliefs can be protected from discrimination under the Equality Act 2010. Secondly, however, it has shown that the ways in which such beliefs can manifest themselves in the behaviour of individuals might not be protected.<sup>25</sup> It is imperative that we maintain a workplace environment where everyone can come to work and expect to be treated with dignity and respect.

The NHS Scotland [Pride Badge initiative](#) has proved to be a useful framework for our staff to learn about the issues experienced by LGBT+ communities and to signal their allyship. While seventy-four HIS employees formally signed the NHS Scotland Pride badge pledge form during the active campaign period, the initiative has supported wider awareness and understanding and provided an ongoing mechanism for explaining LGBT+ issues and allyship. We would like to make the most of this framework, shared with our colleagues across the system, to understand the issues experienced by different LGBT+ communities—including those who experience the widest disparities in health, wellbeing and social acceptance.

As part of the Scottish Government's NHS Gender Identity Services: Strategic Action Framework 2022-2024, NHS Education for Scotland has published a [Transgender Care Knowledge and Skills Framework](#). This provides a learning resource to support understanding of the care requirements of trans and non-binary people, and we will use this to develop the knowledge and understanding of our workforce.

## Equality Outcome 3—Pregnancy and maternity

**Outcome:** By March 2029, through our perinatal Quality Management System, including new standards and inspections for maternity care, we will improve the quality and safety of maternity care for everyone, with a specific focus on improving outcomes for people from protected characteristic groups.

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<sup>23</sup> [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people \(scot.nhs.uk\)](#)

<sup>24</sup> [Final Report – Cass Review](#)

<sup>25</sup> [Employment Tribunal rulings on gender-critical beliefs in the workplace \(parliament.uk\)](#)

## Activities and measures

How we will deliver the outcome and measure our progress:

**Activity 1:** When carrying out unannounced routine inspections of maternity units in Scotland, we will ask for available equality data and any guidelines or improvement work the board is taking forward to reduce inequalities.

**Measures:**

- Record of inspection showing HIS staff spoke to women and birthing people from minoritised groups where possible during inspections - or where not possible, requested evidence of the board seeking feedback from under-represented women and birthing people.
- Feedback and recommendations on inequalities provided to relevant boards
- Record of presentations and discussion show feedback and learning about inequalities shared via Quality Management System.

**Activity 2:** By sharing any intelligence we collect through our work or partnerships, we will empower those delivering care to challenge racism, ableism, homophobia and transphobia.

**Measures:**

- At least one third sector organization, maternity partnership or relevant specialist for each area of inequality is engaged in our Quality Management System.
- Learning activity evaluation shows NHS participants in the QMS self report improved awareness of the specific needs of women and birthing people who are from minority ethnic or religious groups, disabled or neurodivergent or part of an LGBT+ community.

**Activity 3:** Through developing and publishing a new set of Standards for maternity care, we will raise awareness about what constitutes safe, effective, person-centred care specifically for minoritised groups.<sup>26</sup>

**Measures:**

- Availability of new Standards for maternity care.
- Engagement activity around the new Standards demonstrably links the Standards to minoritised groups.

**Activity 4:** Using public involvement approaches, we will identify service improvements that reflect the needs of groups who experience health inequalities.

**Measures:**

- Number of equity focused service improvements identified from public involvement and

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<sup>26</sup> The term 'minoritised' reflects that a group/community is treated as a minority, often in unfair ways, even though they may not be a statistical minority in the global population. We use this term interchangeably with the term 'minority ethnic group', depending on the context. Here, we are following current terminology favoured by the Scottish Government and Scottish Public sector. See [Anti-racism plans - guidance](#)

/ or through evidence from stakeholders.

- Changes made to our inspection approach attributable to our new maternity standards which have been developed with public consultation.
- Qualitative feedback from stakeholders or communities that shows their needs have been reflected in our quality improvement approaches.

**Activity 5:** By sharing intelligence, we will understand where improvements for women and birthing people can complement our approach to upholding the rights of the child.<sup>27</sup>

**Measures:**

- Availability of a Children’s Rights and Wellbeing Impact Assessment which informs the Quality Management System
- Number of learning points from the development of new maternity care standards we can apply to new neonatal standards.

## The general Equality Duty

This outcome will further the following needs of the General Equality Duty:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between people who share a protected characteristic and those who do not.

## Situation / evidence

We reviewed available evidence on inequalities relating to pregnancy and maternity, including the perinatal period which encompasses pregnancy and the first year following birth.

Following the covid-19 pandemic, Engender reported gaps in perinatal support and experiences of trauma relating to isolation and poor care that affected women giving birth during this period.<sup>28</sup> Beyond this period, there are pronounced inequalities in care that impact specific groups of people who use maternity services. Inequalities impacting minority ethnic and minority faith groups are most widely reported. For example:

- Muslim women have reported poorer experiences during labour, delivery and the postnatal period<sup>29</sup>
- Refugee and asylum-seeking women in the UK experience a higher risk of perinatal mental health problems and postnatal depression<sup>30</sup>

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<sup>27</sup> [UNCRC Full Text - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk)

<sup>28</sup> [New report - Experiences of pregnancy and maternity services in Scotland during COVID-19 - Health and Social Care Alliance Scotland](#)

<sup>29</sup> [Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

<sup>30</sup> [Amma Birth Companions Birth Outcomes and Experiences Report](#)

- UK wide reporting by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRACE) from 2023 until October 2024 shows a consistent increased risk in maternal mortality for Black women who are up to four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, compared with their majority White counterparts.<sup>31323334</sup>

Several factors are influencing these disparities for minority ethnic and minority religious groups, relating to the management of clinical risk as well as cultures within care settings. For example:

- People from non-English speaking backgrounds may be at greater risk of delayed recognition of deterioration or harm.<sup>35</sup>
- There are known variations in the accuracy and range of clinical observations for different ethnic groups.<sup>36</sup> This includes delayed recognition of conditions such as sepsis.<sup>37</sup> These disparities also extend to the care of newborns.<sup>38</sup>
- Minority ethnic women report experiencing lack of choice and consent in maternity settings. They also cite low physical and psychological safety.<sup>39</sup>
- A lack of access to telephone or in-person interpreting services during admission, labour and birth contributing to poor communication.<sup>40</sup>
- Muslim women have reported low cultural competence, inaccessible information and not being listened to by healthcare staff.<sup>41</sup>

While the UK data on morbidity and mortality in the perinatal period for patients from minority ethnic backgrounds shows clear inequality, the data subset for Scotland is comparatively very small. This presents challenges in confidently tracking trends and monitoring interventions using Scottish quantitative data. That said, available Scottish studies demonstrate similar issues are relevant our care system. For example, a recent study by Scottish charity [Amma Birth Companions](#) reports the experiences of minority ethnic patients in maternity settings, including: being given less attention, delayed pain relief during labour, inadequate consent and

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<sup>31</sup> [MBRRACE-UK, 2023](#)

<sup>32</sup> [Working together to achieve equity in health outcomes FEB 26.02.20 copy \(england.nhs.uk\)](#)

<sup>33</sup> [MBRRACE-UK Maternal Compiled Report 2023.pdf \(ox.ac.uk\)](#)

<sup>34</sup> [Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 | MBRRACE-UK | NPEU](#)

<sup>35</sup> Michelson et al., 2022

<sup>36</sup> Crooks, C. J., West, J., Morling, J. R., Simmonds, M., Juurlink, I., Briggs, S., . . . Fogarty, A. W. (2022). *Differential pulse oximetry readings between ethnic groups and delayed transfer to intensive care units* Oxford University Press (OUP). doi:10.1093/qjmed/hcac218

<sup>37</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>38</sup> [Review of Neonatal Assessment and Practice in Black, Asian and Minority Ethnic Newborns: Exploring the Apgar Score, the Detection of Cyanosis, and Jaundice - NHS – Race and Health Observatory \(nhsrho.org\)](#)

<sup>39</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>40</sup> Stakeholder survey – issue highlighted by multiple organisations

<sup>41</sup> Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities, Muslim Women's Network UK, 2022

communications processes, insensitive and disrespectful behaviour, inadequate support and dismissive attitudes.<sup>42</sup>

Public Health Scotland (PHS) (2022) have highlighted that the proportion of pregnancies registered by the 12th week of gestation is lower for all ethnic minority groups compared to white ethnic groups, where 94% have registered by this point. The lowest registration rate, at 70%, was observed among individuals of African ethnicity. Later registration can negatively impact risk management and care quality for pregnant people.

Aside from ethnicity and religion, there is evidence to suggest that disabled people experience disadvantage during pregnancy and maternity. For example, Birthrights UK (2024) reported that in maternity settings a lack of choice and control in decision making is experienced more intensely by disabled women.<sup>43</sup> We found that earlier evidence in this area chimes with this statement, but there are few recent studies available. A review of pregnancy and maternity evidence was commissioned by the Scottish Government in 2013.<sup>44</sup> It found that pregnant women with mental health issues or learning disabilities experienced discrimination in UK health care settings; and the stigma of mental illness could lead to discrimination and judgmental behavior from staff, negatively impacting engagement with services. In 2020, Engender reported the barriers disabled women experience in relation to communications, accessible information and stereotyping throughout a range of maternal and reproductive healthcare services.<sup>45</sup>

It is also important to consider neurodivergent women and birthing people who experience specific barriers to care. Neurodivergent people can experience pain differently, process spoken language differently and in some stressful situations be less able to advocate for themselves and express their wishes.<sup>46</sup> Neurodivergent parents also experience higher rates of post-natal depression and anxiety. It is helpful for services to be neuro-inclusive especially because some neurodivergent people accessing maternity and perinatal care may not have been identified, or identified themselves, as neurodivergent. For example, less than 15% of adults with ADHD (Attention Deficit Hyperactivity Disorder) in Scotland are diagnosed; while the average age of diagnosis for autistic and ADHD adults in Scotland is 29 and 28 years respectively. The average age of first-time mothers in the UK is 30.9 years.<sup>47</sup>

People who are transgender or non-binary also experience inequalities in maternity and perinatal care, although there is even more limited evidence about their experiences. The Equality Network reported on a small cohort of trans and non-binary people who had been pregnant, with their experiences including misgendering and denial of their identity.<sup>48</sup> The

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<sup>42</sup> [Amma Birth Companions Birth Outcomes and Experiences Report](#)

<sup>43</sup> [Birthrights-submission-to-UN-SR-VAWG-UK-visit-1.pdf](#)

<sup>44</sup> [Supporting documents - Scottish Government Equality Outcomes: Pregnancy and Maternity Evidence Review - gov.scot](#)

<sup>45</sup> [Disabled Women: our bodies, our rights | Engender](#)

<sup>46</sup> [Neurodiversity and Maternity 1. Hidden Barriers to Healthcare Access | All4Maternity](#)

<sup>47</sup> [Layout 1](#)

<sup>48</sup> [Repro-report-Trans-final-web.pdf](#)

Scottish Government have noted there is a lack of evidence on pregnancy and maternity for non-binary people in Scotland.<sup>49</sup> The UK Improving Trans and Non-Binary Experiences of Maternity Services (ITEMS) research project however ran between September 2020 and April 2021 and is the largest study of trans pregnancy the US. It found trans and non-binary people's experiences of perinatal care is consistently worse and 30% do not access any perinatal care during pregnancy. Some localised good practice was identified, but did not appear to be supported at a wider scale.<sup>50</sup>

Socio-economic circumstances play a role in healthcare access and outcomes. PHS link living in more deprived areas with delayed pregnancy registration. They further note this is an issue which disproportionately impacts women of African and Caribbean or Black ethnic backgrounds.<sup>51</sup> Women living in the 20% most deprived areas of the UK continue to have the highest maternal mortality rates – more than twice as high as the maternal mortality rate of women living in the 20% least deprived areas.<sup>52</sup> Moreover, drug misuse and smoking during pregnancy is highest amongst women living in the most deprived areas of Scotland.<sup>53</sup> It is important that care delivery accounts for more complex social factors as well as the different types of systemic disadvantage that can intersect with those, and that we are able to promote equity by improving care for those who experience the greatest disadvantage.<sup>54</sup>

The literature around inequalities disproportionately impacting minority groups makes a range of practice recommendations which will be important to consider. These include ensuring people working in the system are equipped to understand and recognise the disparities that exist, including the role of systemic racism; and are then able to use that knowledge to deliver personalised, effective and respectful care and remove barriers.<sup>55 56 57</sup> It also highlights the importance of providing spaces where staff can talk about their experiences and raise concerns.<sup>58 59</sup> Improved communications, including to promote choice and control for patients is also important.<sup>60 61 62</sup> We anticipate that the activities we have set out above will support us to take an evidence based approach to reducing perinatal inequalities.

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<sup>49</sup> [Scottish Government Non-Binary Equality Action Plan - Equality Impact Assessment](#)

<sup>50</sup>

<sup>51</sup> <https://publichealthscotland.scot/media/19763/monitoring-racialised-health-inequalities-in-scotland-may2023-english.pdf>

<sup>52</sup> [Maternal mortality 2020-2022 | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

<sup>53</sup> [Risk factors during pregnancy - ScotPHO](#)

<sup>54</sup> [Working together to achieve equity in health outcomes FEB 26.02.20 copy \(england.nhs.uk\)](#)

<sup>55</sup> [UK parliament women and equalities committee 2023](#)

<sup>56</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>57</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>58</sup> [final decolonising-midwifery-education-toolkit digital single-page.pdf \(rcm.org.uk\)](#)

<sup>59</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>60</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>61</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)

<sup>62</sup> [Birthrights-inquiry-systemic-racism-May-22-web-1.pdf](#)



## Equality Outcome 4–race

**Outcome:** Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system.

### Activities and measures

Delivery of this outcome will be driven by our anti-racism plan, which contains detailed activities and measures (see Annex).

The Scottish Government wrote to all NHS Scotland organisations in March 2024 requesting we develop and deliver against our own anti-racism plan. We have developed a four-year anti-racism plan which will be subject to annual review. The plan will support us to meet the needs of the public sector equality duty alongside its distinct aim of ensuring that our staff are able to recognise and challenge racism, including microaggression and racial bias, wherever it appears in our culture—or in the resources and tools we work with and share to support the wider health and care system.

### The general Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between people who share a protected characteristic and those who do not.

### Situation and evidence

We know that racism influences the life chances of people from minority ethnic backgrounds and drives significant disparities in the quality of health and care for the people of Scotland. This includes inequality in access to and experience of health services and disproportionate challenge in employment compared to white majority groups. The structural disadvantage and daily microaggression that people from minority ethnic backgrounds experience, both as patients and members of the NHS Scotland workforce, is unacceptable. Healthcare Improvement Scotland thereby committed in our [2023-2028 strategy](#) to being an anti-racism organisation.

By ‘anti-racism’ we mean challenging racism wherever we see it, both in our workplace and as part of the work we deliver to support Scotland’s health and care system. Anti-racism is an active term which requires us to interrogate and disrupt the power imbalances that maintain disadvantage for people with minority ethnic identities and backgrounds (see [CRER](#)).

Specifically, we understand anti-racism as:

the active work to oppose racism and to produce racial equity—so that racial identity is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity. Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020).

We want to ensure anyone who does or could experience racism within the workplace feels safe to speak up and confident there will be an appropriate response. We also want colleagues to be able to recognise racism, including microaggression and racial bias—whether in the workplace or in the resources and tools we produce and share as part of Scotland’s health and care system. We want our people to be empowered to highlight and challenge racism within the system, helping others to do the same and improving health and care for all in the process.

Anti-racism is now a key part of the current national equalities agenda. Reducing health inequalities, improving population health and creating a more sustainable health and care system are top priorities for the Scottish Government. On 11<sup>th</sup> March 2024, all NHS Boards were asked to ‘develop and deliver against their own anti-racism plan’ pertaining to both workforce and service delivery. In September 2024 [guidance on anti-racism planning](#) was issued by the Scottish Government.

We know we have not done enough and that we need to do much better, using our position as the national healthcare improvement agency and a public sector employer to drive positive change. [CRER](#)’s (Coalition for Racial Equality and Rights) found that over the past twenty years of devolved race equality policy in Scotland, ‘the same themes and priorities were present across national strategies ... [and] despite this, progress has been limited ... the focus has been in the right place [but] design and/or implementation has missed its mark.’<sup>63</sup> It is time for this to change.

As Healthcare Improvement Scotland develop our own anti-racism plan, we are setting this in the context of this equality outcome in order to support openness and transparency in how we share the actions and we are taking and our progress against them. We will also report our progress to Scottish Government as part of our regular reporting requirements.

Current research shows that racialised inequalities in healthcare are leading to inequitable treatment and harm for minority ethnic groups. This applies across a number of areas:

- Across the UK there are lower referral rates for psychological therapies, including cognitive behaviour therapy, for people from minority ethnic backgrounds—while compulsory admissions disproportionately affect people with minority ethnic backgrounds.<sup>64</sup> In Scotland, the Mental Welfare Commission (2021) also found a higher proportion of detentions for ‘white other’ and Black people and a higher proportion of longer-term detentions for Black people. They further reported on access issues for refugees and asylum seekers, recounting traumatic stories and perhaps not being

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<sup>63</sup> [Anti-racist Policy Making in Scotland: Coalition for Racial Equality and Rights briefing paper, June 2021 \(www.gov.scot\)](#)

<sup>64</sup> [RHO-Rapid-Review-Final-Report\\_.pdf \(nhsrho.org\)](#)

believed; as well as inadequate training for healthcare staff in promoting equality within healthcare.<sup>65</sup>

- There are marked ethnic disparities in routine diabetes care in Scotland in the short and medium-term following diabetes diagnosis.<sup>66</sup>
- Black women are 3.7 times, and Asian women 1.8 times, more likely to die during pregnancy and maternity than white women. Separate Inquiries have found that racism and religious discrimination against Muslim women is at the root of many inequalities in maternity outcomes and experiences. See outcome 1 above.

While specific contributory factors exist in each area of healthcare disparity, there are themes that emerge across all of them. This includes low trust, understanding and communication between patients and healthcare staff, patient experiences and concerns being dismissed or under-estimated, a lack of culturally appropriate care and poor understanding about the range of clinical presentations that exist in a diverse population. Racism is a clear social determinant of health, affecting socio-economic opportunity as well as healthcare access and outcomes. Our anti-racism plan will continue our work to ensure minority ethnic communities can influence health and social care policy. Healthcare Improvement Scotland is also taking forward a suite of work to improve the quality and safety of perinatal care—and this will seek specifically to address relevant racialised healthcare disparities. We will also monitor other workstreams for opportunities to address other areas of racialised healthcare inequality.

Overall, 4.3% of Healthcare Improvement Scotland staff identify as being part of a minority ethnic group in Scotland, with minimal representation across all pay bands and roles. Scotland's 2022 Census showed that 12.9% of people in Scotland have a minority ethnic background and so we would rate the participation of staff from minority ethnic groups as disproportionately low. Over the last three years, the number of job applications we received from people in minority ethnic groups increased by 20% (to 39% of overall applications). The number of job offers made to candidates from minority ethnic groups however is only 5.5%. Our anti-racism plan sets a goal to disrupt recruitment bias and increase the number of colleagues with a minority ethnic background, including in senior roles.

National reporting shows that racism continues to have a detrimental impact on career progression and professional development for minority ethnic staff.<sup>67</sup> Across the UK, the vast majority of healthcare staff from minority ethnic backgrounds to contribute to research have report experiencing racism and microaggression working in the NHS.<sup>6869</sup> The [NHS Scotland Ethnic Minority Forum](#)—which provides a space for representatives of local staff ethnic minority networks to come together to share issues and best practice, provide support and advice, and to be a unified voice for advocacy and change—reports receiving near 300 approaches from NHS staff with minority ethnic backgrounds requesting pastoral support with navigating racism at

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<sup>65</sup> [Racial-Inequality-Scotland\\_Report\\_Sep2021.pdf \(mwcscot.org.uk\)](#)

<sup>66</sup> [Ethnic disparities in quality of diabetes care in Scotland: A national cohort study \(wiley.com\)](#)

<sup>67</sup> [RHO-Rapid-Review-Final-Report\\_.pdf \(nhsrho.org\)](#)

<sup>68</sup> For example, [bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf](#)

<sup>69</sup> And for example, [MDDUS - Racist Microaggressions - 011123](#)

work.<sup>70</sup> [Close the Gap](#)'s (2022) research found a majority of minority ethnic women in Scotland have experienced racism and/or sexism at work and that there are barriers to this being reported and dealt with appropriately.<sup>71</sup> Our anti-racism plan includes actions to monitor and address experiences of discrimination, deliver anti-racism training to our staff and introduce mutual mentoring to support career progression and improved knowledge of barriers.

## 7. Our workforce

We have published a report describing the workforce diversity at Healthcare Improvement Scotland in respect of the protected characteristic groups defined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended). This report also includes information about our pay gaps in respect of gender, disability and ethnicity. It covers April 2021- March 2024 and provides trends and comparisons over three consecutive annual periods.

The full report is available on Healthcare Improvement Scotland's website and should be read alongside the content of this report: [link to be added during publication](#) Below, we have provided a high-level summary of the report's content.

### Workforce diversity

At the end of the reporting period (31 March 2024), we employed 556 staff. Consistent with previous years, our workforce is predominately women (77%) who also occupy the majority of our part-time roles.

Across our workforce, a number of protected characteristic groups are under-represented. This includes staff under the age of 25 (1.4%), staff identifying as disabled (6.1%) and staff who are part of a minority ethnic group in Scotland (4.3%).

### Occupational segregation

Of all women, more work in band 4-8a roles (85.7%) compared with the equivalent figure for all men (78.5%). Most disabled staff in the organisation (5.8%) work in Band 4-7 roles. Employees from a minority ethnic group in Scotland work across bands 4-8b.

Our recruitment activity has increased over the last 3 years with 35% more applications submitted and 14% more job offers issued. White female applicants have been the most successful during the recruitment process, receiving 80% of all job offers after submitting 68% of the applications. Disabled applicants have also been more successful—the number of applications received from disabled people has remained consistent (10.5%) with a 6.4% increase in job offers (to 16.5% of job offers during 2024). Applications from people in minority ethnic groups has increased by 20% (to 39%) but the number of job offers made is only 5.5%.

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<sup>70</sup> NHS Ethnic Minority Forum annual report 2024

<sup>71</sup> [Employer-guidance-anti-racist-gender-equality-at-work.pdf \(closethegap.org.uk\)](#)

## Gender pay gap

While our gender pay gap has reduced by 5% over the last three years, there are still positive indices in favour of male pay. Our mean gender pay gap is currently 10%, with our median pay gap at 9.1%.

While our own pay gap is reducing, recent data from the Office for National Statistics (ONS) Annual Survey of Hours and Earnings data found that nationally the mean gender pay gap has risen by 30% over the last year—from 6.4% in 2023 to 8.3% in 2024. We know we must continue play our part in challenging this. The earlier sections of this report describe the actions we have taken during the last reporting period to challenge our gender pay gap. Our Equal Pay Statement below indicates the actions we will continue to take over the next reporting period.

## Disability pay gap

Our analysis shows that disabled staff experience the widest pay gap, with a 20.7% (mean and median) pay disadvantage compared to non-disabled staff. This gap has increased by 3% over the last three years. Disabled people are significantly under-represented within our workforce. We are actively evaluating the inclusiveness of our work practices and resources—this report describes the actions we have taken during the last reporting period. Our refreshed equality outcomes for 2025-29 include focused work to address disadvantages experienced by disabled staff.

## Ethnicity pay gap

Our ethnicity pay analysis indicates that staff from the white majority group have 5.4% higher mean pay than those from non-white minority ethnic groups. However, staff from non-white minority ethnic groups have 1.9% higher median pay.

Over the last three years, our ethnicity pay gap has increased by an average of 5.7%. Employees who are part of a minority ethnic group in Scotland have continued to be under-represented within our workforce and low numbers have meant that our pay gap calculations are especially sensitive to any staffing changes. We understand under-representation to be the key issue we need to address here.

# 8. Equal Pay Statement

This statement was agreed in partnership in 2021 and has been reviewed and confirmed by Healthcare Improvement Scotland's Partnership Forum and Staff Governance Committee in 2025.

Healthcare Improvement Scotland is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. This is true regardless of age, disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity status, race, religion or belief, sex or sexual orientation.

We recognise that pay gaps exist in our workforce in respect of gender, disability and ethnicity. There are a range of wider societal and systemic factors which contribute to some of the pay disparity we experience. This includes, for example, women's disproportionate responsibility for unpaid care, the undervaluing of particular types of work or work pattern and occupational segregation.

Healthcare Improvement Scotland recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

We employ staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (AfC) Contracts and Terms and Conditions of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) or Medical contracts, which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment. NHS Scotland is a Living Wage employer—the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

Healthcare Improvement Scotland understands that the right to equal pay between women and men is enshrined in law and we are committed to ensuring that pay is awarded fairly and equitably to everyone. We will also ensure that there is no difference in treatment between people who are disabled and people who are not, people who are part of a minority ethnic group in Scotland and people who are not, and people who have an LGBT+ identity and people who do not.

We recognise the importance of access to flexible work. We have a flexible working policy that encourages staff at all levels to maintain a healthy work-life balance. We are committed to addressing occupational segregation by ensuring that opportunities exist for people to work and progress within any role and at any grade, regardless of their protected characteristics. If a member of staff wishes to raise a concern at a formal level relating to equal pay, the grievance procedure is available for their use.

As an NHS Scotland employer, Healthcare Improvement Scotland works within a Staff Governance Standard, which is underpinned by statute. Delivering equal pay is integral to the aims of the Staff Governance Standard. The Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff. The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued, and

- Provided with a continuously improving and safe working environment, that promotes the health and wellbeing of staff, patients and the wider community.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations require Healthcare Improvement Scotland to take the following steps:

- Publish gender pay gap information by April 2025, and
- Publish a statement on equal pay between men and women by 30 April 2025 and include the protected characteristics of disability and race.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We will continue to ensure that we:

- review this policy, statement and action points with trade unions as appropriate, every 2 years and provide a formal report within 4 year
- inform employees about how pay practices work and how their own pay is determined
- provide advice and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those maternity, parental or other authorised leave
- undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010, and
- contribute to equal pay reviews where appropriate and report on any relevant work by April 2029

It is good practice and reflects the values of Healthcare Improvement Scotland that pay is awarded fairly and equitably. We have set out the actions we will take below.

Action	Lead Teams / Committees
Review this policy, statement and action points in partnership every 4 years.	HIS Partnership Forum / Staff Governance Committee
Inform employees how pay practices work and how their own pay is determined.	People and Workplace Team
Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading	People and Workplace Team

decisions to ensure fair, non-discriminatory and consistent practice.	
Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave.	HIS Partnership Forum / NHS Scotland
Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.	HIS Partnership Forum / NHS Scotland
Undertake regular monitoring of Healthcare Improvement Scotland practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.	People and Workplace Team
Look at areas of under-representation across our organisation and target our recruitment campaigns to improve representation.	People and Workplace Team / Equality, Inclusion and Human Rights Team
Take steps to understand 'drop-off' during recruitment campaigns and what we can do to increase appointments for under-represented groups.	People and Workplace Team / Equality, Inclusion and Human Rights Team
Review our approach to part-time working and career progression for those with caring responsibilities.	People and Workplace Team / HIS Carer's Network / HIS Partnership Forum / Staff Governance Committee

Responsibility for implementing this policy is held by Healthcare Improvement Scotland's Chief Executive, who will be supported by the Director of Workforce.



Published Month Year

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Item 4.1 Appendix 2:

# Healthcare Improvement Scotland

## Anti-Racism Plan

April 2025 – March 2029

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# 1. Introduction

Healthcare Improvement Scotland is the national improvement agency for health and social care in Scotland. We lead improvement in the quality and safety of health and care for the people in Scotland using our skills and knowledge to tackle the quality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care, and with partners, to embed quality management across the provision of health and care. Our support for the system is underpinned by a number of statutory duties and powers, including:

- to further improve the quality of health and care
- to provide information to the public about the availability and quality of NHS services
- to support and monitor public involvement
- to monitor the quality of healthcare provided or secured by the health service
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new medicines and new and existing health technologies.

We know that racism influences the life chances of people from minority ethnic<sup>1</sup> backgrounds and drives significant disparities in the quality of health and care for the people of Scotland. This includes inequality in access to and experience of health services and disproportionate levels of challenge in employment compared to white majority groups. The structural disadvantage and daily microaggressions that people from minority ethnic backgrounds experience, both as patients and members of the NHS Scotland workforce, is unacceptable. Healthcare Improvement Scotland committed in our [2023-2028 strategy](#) to being an anti-racist organisation. This plan intends to deliver on that commitment, translating our words into meaningful action.

By ‘anti-racism’ we mean challenging racism wherever we see it, both in our workplace and as part of the work we deliver to support Scotland’s health and care system. Anti-racism is an active term which requires us to interrogate and disrupt the power imbalances that maintain

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<sup>1</sup> When referring to ‘minority ethnic’ groups we mean groups that are not part of the white majority ethnic group in Scotland and who experience disadvantage on the basis of their visible or perceived racial identity.

disadvantage for people with minority ethnic identities and backgrounds (see [CRER](#)). It involves doing more than simply avoiding unfair discrimination.<sup>2</sup>

Specifically, we understand anti-racism as:

*the active work to oppose racism and to produce racial equity—so that racial identity is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity.*<sup>3</sup>

The actions set out in our plan are to help us meet the outcome that **Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within our own workplace and the wider healthcare system**. This outcome is one of Healthcare Improvement Scotland’s refreshed equality outcomes 2025-29.

The actions set out primarily relate to supporting our workforce, culture and wellbeing. Our contribution to equity focussed service delivery is based on ensuring minority ethnic communities influence the health and care system through community engagement, ensuring our evidence offer is scrutinised through an anti-racism lens and through our work improving perinatal care.<sup>4</sup>

Overall, we want anyone experiencing racism within the workplace to feel safe to speak up and confident there will be an appropriate response. We want all colleagues to be able to recognise racism, including microaggression and racial bias, when it appears in our work culture or in the resources and tools we review, produce or share. We want our people to be empowered to highlight and challenge racism within the system and to help others do the same, improving health and care for all.

The plan below covers four years of delivery. We have established an internal delivery group which will take the actions forward, make decisions about priority and timescale for delivery and review and report on progress. This will be on-going through a regular schedule of meetings, with more formal reviews of progress and membership carried out annually.

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<sup>2</sup> [Race discrimination | EHRC](#)

<sup>2</sup> Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020).

<sup>3</sup> See 2025-2029 equality outcomes

## 2. Action Plan table

Supporting workforce, culture and wellbeing		
Theme	Actions	Measures
<p><b>Leadership</b></p> <p>We have a clear organisational commitment to tackling all forms of discrimination and harassment.</p> <p>Senior leaders visibly pursue an anti-racism culture through organisational initiatives.</p> <p>We are committed to promoting and including leaders from minority ethnic backgrounds, and they are visible across the organisation.</p>	<ul style="list-style-type: none"> <li>• Include our commitment to anti-racism commitment within our Strategy 2023-28.</li> <li>• Chief Executive, Chair and Employee Director communicate a statement of support for this plan, including how the organisation understands and will deliver on anti-racism.</li> <li>• Members of our Executive Team, Board and Senior Leadership Teams undertake anti-racism training.</li> <li>• Address under representation in senior roles (band 8 and above) by encouraging applications from people who are part of under-represented ethnic groups.</li> <li>• Include updates from the Race and Ethnicity Network, including in relation to this plan, at Partnership Forum meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• HIS Strategy 2023-2028.</li> <li>• Communications data shows reach of a published statement.</li> <li>• Training attendance record and evaluation results showing high attendance and improved understanding and commitment.</li> <li>• Meeting records evidence positive staff engagement with network priorities.</li> <li>• Communications data shows campaign and awareness activities have reached at least two thirds of HIS staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work collaboratively with public sector partners to exchange ideas and support.</li> <li>• Celebrate Black History Month and the contributions of Black and minority ethnic colleagues.</li> <li>• Undertake a campaign aligning anti-racism with NHS Scotland values and offering the opportunity for staff, volunteers and non-executive board members to pledge commitment to anti-racism.</li> </ul>	
<p><b>Accountability</b></p> <p>Our Executive Team and Board monitor delivery of this plan and enable its actions.</p> <p>We reflect on our anti-racism journey and share this publicly.</p>	<ul style="list-style-type: none"> <li>• Have an Executive Sponsor for this plan.</li> <li>• Ensure each member of the Executive Team has an anti-racism objective per the Scottish Government directive.</li> <li>• Provide regular progress updates on this plan to the Staff Governance Committee and HIS Board through reporting against our Annual Delivery Plan, Anchors Strategic Plan and equality outcomes.</li> <li>• Create an external webpage showcasing our anti-racism commitment and organisational support structures.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting and PDR records evidence positive engagement with anti-racism priorities.</li> <li>• Anti-racism commitment is visible on the HIS website.</li> </ul>



<p><b>Recruitment and career progression</b></p> <p>Employees with minority ethnic backgrounds are equally able to progress their career in HIS.</p>	<ul style="list-style-type: none"> <li>• Increase the number of HIS colleagues with a minority ethnic background by 5% by April 2029.</li> <li>• As above, address under-representation in senior roles (band 8 and above) by encouraging applications from people who are part of under-represented ethnic groups.</li> <li>• Establish a mutual mentoring scheme by April 2026, supporting progress to senior roles for people from under-represented ethnic groups.</li> <li>• Disrupt recruitment bias through a combination of bias training for managers and employing ethnically diverse recruitment panels.</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce data shows the combined minority ethnic group represented 9.3% of staff.</li> <li>• 8 people participate in mutual mentoring by April 2027.</li> <li>• Non-redacted occupational segregation data for colleagues with a minority ethnic background at AFC band 8 and above can be reported.</li> </ul>
<p><b>Cultural and Attitudinal Change</b></p> <p>We have regular learning opportunities open to all staff, which inform and challenge their views around race and ethnicity.</p>	<ul style="list-style-type: none"> <li>• Promote and deliver Turas anti-racism resources and learning opportunities via HIS Campus.</li> <li>• Set an anti-racism corporate objective during 2026/27 to support staff learning.</li> <li>• Create and promote resources on anti-racism allyship.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitated anti-racism training is offered to all staff by April 2027 and two thirds have engaged.</li> <li>• Record of objective agreed.</li> <li>• Communications data shows awareness activities have reached at least two thirds of HIS staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Carry out awareness-raising around protected characteristics in the Equality Act 2010 and intersectional discrimination.</li> </ul>	
<p><b>Involving staff with lived experience</b></p> <p>Staff have confidence in how we manage discrimination and support those who experience it.</p> <p>Staff have protected time to contribute to staff networks.</p>	<ul style="list-style-type: none"> <li>• Re-establish the organisational commitment to the HIS Race and Ethnicity Network, in partnership between senior managers and staff representatives.</li> <li>• Continue to facilitate a peer support space for staff from minority ethnic backgrounds, with direct links to governance groups and senior leadership as required.</li> <li>• Convene a regular meeting space for anti-racism allies.</li> <li>• Deliver anti-racism training to the People and Workplace Team, union stewards and Partnership Reps.</li> <li>• Include information about the staff networks as part of managers' induction for new staff.</li> <li>• Acknowledge world events that may be impacting the wellbeing of particular ethnic groups and communicate organisational support available.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with our peer support space suggests that at least 50% of our workforce who identify as having a minority ethnic background are engaged.</li> <li>• Participation in the Race and Ethnicity Network general channel increases by 20% by April 2029.</li> <li>• Training attendance record and evaluation results showing high attendance and improved understanding and commitment.</li> <li>• Positive qualitative feedback from colleagues impacted.</li> </ul>

<p><b>Incident reporting</b></p> <p>Improve reporting of incidents related to racism, discrimination, bullying and harassment.</p> <p>Understand issues with reporting channels and ensure staff feel supported and safe to report incidents.</p>	<ul style="list-style-type: none"> <li>• Identify and establish an incident reporting system suitable for Healthcare Improvement Scotland and that can include a range of protected characteristics.</li> <li>• Regularly appraise data from the incident reporting system and take appropriate remedial action, including through regular review meetings by HR, Equality team and Partnership Forum reps.</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting system is operational and data is collected.</li> <li>• Record of actions taken as appropriate.</li> </ul>
<b>Equity focussed service delivery</b>		
<b>Theme</b>	<b>Actions</b>	<b>Measures</b>
<p><b>Evidence from engagement activities carried out by HIS</b></p> <p>Minority ethnic communities influence HIS work through evidence and engagement.</p> <p>Links with HIS minority ethnic employees are strengthened through engagement, with the collective group influencing HIS work.</p>	<ul style="list-style-type: none"> <li>• Strengthen links with minority ethnic, including refugee, communities through HIS Community Engagement so that diverse communities better understand their rights and can influence the health and care system.</li> <li>• Meaningfully engage Race and Ethnicity Network peer group members in relevant HIS policies and processes.</li> <li>• Increase the ethnic diversity of Healthcare Improvement Scotland volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>• Number and spread of organisations representing people with minority ethnic backgrounds we have actively reached out to and informed about our work and engagement opportunities.</li> <li>• Equality monitoring data for research and engagement activities demonstrating successful engagement of minority ethnic communities on relevant topics.</li> </ul>

	<ul style="list-style-type: none"> <li>• Collate and share intelligence gathered from minority ethnic communities through the work of His directorates, including Engagement Advisors (Community) to help influence HIS work activities.</li> </ul>	<ul style="list-style-type: none"> <li>• By April 2029, equality monitoring data for HIS volunteers (Public Partners, People’s Experience Volunteers) shows at least 10% of volunteers have a minority ethnic background.</li> <li>• Increased number and spread of contacts from minority ethnic communities are recorded on Community Engagement CRM</li> <li>• Record of HIS work influenced by intelligence from minority ethnic communities</li> </ul>
<p><b>Addressing health and healthcare inequalities</b></p> <p>We support the system to deliver equitable healthcare through our work programmes and methodologies.</p>	<ul style="list-style-type: none"> <li>• Use Naicker’s Anti-racism Critical Appraisal tool to decolonise the way Healthcare Improvement Scotland uses and produces knowledge and information.</li> <li>• Deliver a Perinatal Quality Management System with a focus on racialised healthcare inequalities.</li> <li>• Monitor our work programmes for future areas of focus that relate to the Scottish Government’s anti-racism framework around equity focussed service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of programmes the tool has been applied in.</li> <li>• Specific outcomes from relevant programmes can be highlighted.</li> <li>• See related programme plan.</li> </ul>

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# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Flexible Work Location Policy</b>
<b>Agenda item:</b>	<b>4.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Purpose of paper:</b>	<b>Awareness</b>

## 1. Situation

This report is provided to inform the Board of the detail regarding the implementation arrangements for the Flexible Work Location Policy within Healthcare Improvement Scotland.

## 2. Background

The 'Once for Scotland' Flexible Work Location Policy became effective from 1 November 2023. Healthcare Improvement Scotland has had a long-standing 'New ways of working' arrangement in place for all our staff since the advent of Covid 19 in 2020. Given this a Short Life Working Group was established in Partnership to look at the implications of implementation of this policy.

## 3. Assessment

Our current way of working, developed during Covid and beyond, is hybrid working arrangements where all staff have the facilities to work from home as required. There are no fixed days (number of days or set days within the office) specified as a requirement for entitlement to hybrid working arrangements. There are now approximately twenty-one staff with formal homeworking contracts in place, a mix of previous arrangements and some agreed via the new policy arrangements.

The new NHS Scotland policy came into effect on 1 November 2023 across all health boards and provides a framework for managers and employees to consider and request options for flexible work locations. It defines the following three categories of work location, restricted to working within the UK:

- **Fixed** – where roles and duties are undertaken at one or more specified locations and not at home.
- **Home** – where roles and duties are undertaken at home. The employee may also be required to attend specified locations, for example, for training.
- **Hybrid** – where roles and duties have a combination of home and specified locations.

Given our current ways of working, hybrid working has shown that our work can be done from anywhere across the country, including across the UK.

As discussed with the Staff Governance Committee on 13 of March, there are now an outstanding range of actions to be taken forward across the organisation, as highlighted by the Short Life Working Group established to look at the implementation requirements for this policy.

Each directorate will need to undertake an exercise to review the contractual base of staff to determine if individuals are on the right or most appropriate contract.

Considering the new policy, the following actions will be implemented:

- Current staff
  - those currently with existing home-based contracts are protected under the local HIS policy i.e. no changes to be made unless there is an individual or service need and any changes will be conducted in line with the guidance within the national policy.
  - reviewing the contractual base for all other staff. This will include staff who joined HIS during the COVID pandemic when current ways of working were not in place. As part of this work there will be a review of their contractual base and whether there is a need for them to provide a physical presence within the office, consistent with the rest of their team.
- Subject to these actions, we will continue with the current hybrid working arrangements and line managers must consider any requests that staff make to change their contractual base. In doing so, they will need to consider whether they require a presence in the office or other locations due to the nature of their role, the team dynamics, consistency within the team, other considerations such as wellbeing and resilience as well as the affordability and impact associated with increased travel expenses. All contractual arrangements will be subject to a formal annual review in line with this policy and the outcome of these annual reviews will be documented.
- Future appointments will continue to include the scope, in line with the national policy, to be flexible about an individual's contractual base. This will allow us to continue to recruit on a national basis and within more remote areas. By offering and making it clear that we can offer a level of flexibility through the advert, interview and offer stages, this will continue to make us more attractive as an employer. By confirming this, we are not restricting the future pipeline of staff we recruit on a geographical basis, and it encourages us to hire staff who will thrive in our ways of working.

Staff Governance Committee members reflected on the need to ensure that contracts of employment are accurate. It was also recognised that there is a need to align individual employee's expectations with organisational requirements and the actual policy implications for individual staff members. The need for a transparent, fair and equitable application of the policy arrangements was also touched on as part of the Committee discussions. As stated above, there is a need to ensure that staff contractual bases are formally documented and subject to annual review by line managers.

The Committee members also noted the actual numbers of staff currently accessing the existing office space in place for Healthcare Improvement Scotland and recognised that the numbers of staff actively working in our offices daily has significantly reduced. As part

of this discussion, it was recognised that the actual contractual base working arrangements for a significant proportion of staff within Healthcare Improvement Scotland will formally change as the outstanding contractual working arrangements are finalised. As part of the discussion, it was confirmed that the Flexible Work Location Policy includes an annual review of these contractual arrangements going forward and this will be factored into managerial discussions with staff going forward and formally documented.

The Committee also referenced the opportunities to recruit and retain staff on a national basis as part of these policy arrangements, rather than focussing on the ability of individuals to work within our designated bases and current corporate offices.

#### Assessment considerations

<b>Quality/ Care</b>	The detail provided assists in best use of resources, ensuring HIS's workforce is aligned to our service demand and impact on the quality of care (and services) provided.
<b>Resource Implications</b>	Whilst staffing within the organisation and how they are deployed, has major operational and financial implications, the report is not intended to be a detailed financial reporting tool.
	These contractual arrangements will be reviewed on an annual basis which will enable a full understanding of actual and proposed resource implications for the organisation, both in terms of expenses and also team working requirements.
<b>Clinical and Care Governance (CCG)</b>	This report links to the requirement from the CCG Framework to have a supported, involved and engaged workforce.
<b>Risk Management</b>	The workforce risk and mitigation activity are described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
<b>Equality and Diversity, including health inequalities</b>	The detail above sets out how the Policy will be implemented including equality and diversity considerations.
<b>Communication, involvement, engagement, and consultation</b>	People and Workforce Directorate use local and national systems to monitor and report workforce data.

## 4 Recommendation

Board members are asked to

- Note the detail of planned work ahead in relation to implementation of the Flexible Work Location Policy and
- provide further comment or questions, as necessary.

It is recommended that the Board accept the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>26 March 2025</b>
<b>Title:</b>	<b>Risk Management</b>
<b>Agenda item:</b>	<b>5.1</b>
<b>Responsible Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Geoff Morgan, Programme Manager, Planning and Governance</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 1. Situation

The Board is asked to review all the current strategic risks (Appendix 1) as of 10 March 2025 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland.

## 2. Background

The Board's role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance as follows:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future corporate, clinical, legislative, financial and reputational risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

The current risk appetite by category is shown below in bold, with exceptions also noted:

Minimalist	Cautious	Open
- Fraud - Regulatory	<b>Financial</b>	
- Cyber Attack - Major IT Failure	<b>Operational</b>	- Use Of New Technologies
- Legal/Regulatory Compliance	<b>Reputational</b>	
-Workforce inappropriate behaviour	<b>Workforce</b>	- New Ways of Working
	<b>Clinical and Care Governance</b>	

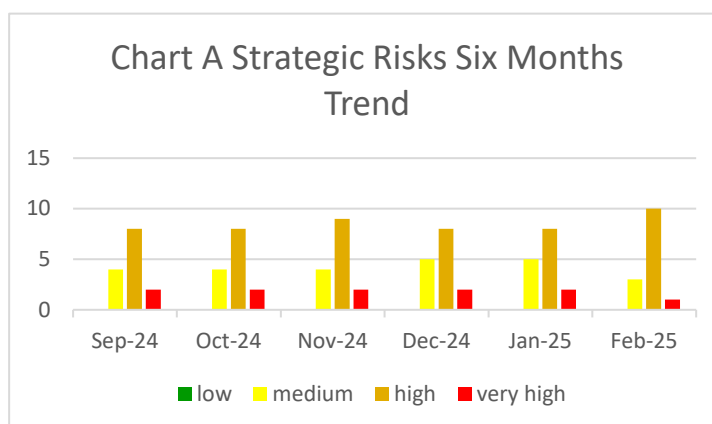
### 3. Assessment

#### Strategic Risks

There are currently 13 strategic risks which is one lower than the previous quarter. The National Care Service risk was reviewed by the Quality and Performance Committee, which has closed the risk in its current form. The Committee will look to redefine this risk in line with the new approach being taken by the Scottish Government. The information governance risk regarding inquiries has been merged with the public inquiries risk.

There are one very high, ten high and two medium rated risks. Six risks are out of appetite and seven are within appetite.

The full Strategic Risk Register can be found at Appendix 1.



#### Out of Appetite Risks

The seven risks out of current appetite are summarised below:

Out of appetite risks	Residual score	Maximum in appetite score
Cybersecurity	12	8
Inspections & assurance activities	16	8
Independent Healthcare	12	8
Workforce skills & availability	15	12
Safety of patient care	15	8
Public Inquiries 2024-28	12	8

The respective risk directors are continuing to work on actions which will bring their risks into appetite or further towards appetite and these will be reported to the relevant Governance Committees. Updates are noted below.

**Cyber Security:** This risk has been reviewed with the HIS Cybersecurity Manager and with the controls and procedures put in place through compliance with Network and Information Systems Regulations (NISR), whilst recognising the recent attacks on UK public sector bodies, the impact has remained the same and we have reduced the likelihood. It may be useful for the organisation to consider if any potential risks to service delivery following a cyber-attack are covered by existing business continuity risks.

**Inspections and Assurance Activities:** Key actions in place to bring the risk within appetite are updates to the annual quality assurance and regulation plan for 2024/25 to reflect changing priorities and staff/workload have been reallocated to accommodate these priorities, though this is impacted by staff absences. Recruitment to pressured areas is ongoing and should help reduce the risk once staff are in place. Any further impacts on plans will be escalated to the Executive Team and Board in accordance with established governance mechanisms where required.

Mental Health inspections have recommenced, Maternity inspections commenced in January 2025 and the independent review of regulatory activity has commenced to identify further areas of staff development and improved methodologies. The Responding to Concerns review is complete and the Oversight Board met for the first time in February 2025.

**Independent Healthcare (IHC):** A detailed review is being conducted on Quality Assurance and Regulations Directorate's (QARD) regulatory functions (IHC and Ionising Radiation Medical Exposure Regulations (IMRER) to improve the effectiveness and sustainability of statutory duties. This includes optimizing the use of skills, knowledge, and resources, while ensuring fair workloads.

New legislation regulating independent healthcare services provided by pharmacy professionals and Independent Medical Agencies (IMAs) is being implemented, with further work underway to understand these changes. Other anticipated legislative reforms include the ability to remove services from the register for non-payment of annual fees and adjusting fee caps to cover regulatory costs. A workforce plan to support the introduction of IMAs is in development, with legal advice being sought on legislative scope. Scottish Government (SG) is also consulting on aesthetics, with HIS considering its implications. The new Associate Director for Regulation started on 1 February 2025.

**Workforce Skills:** The Interim Workforce Plan has been in place since December 2024, and an update submitted to SG on 17 March 2025. In parallel, we are developing further, more detailed workforce planning for the organisation. This ongoing work aims to ensure that we continue to meet our immediate and longer-term needs, aligning with our strategic goals and priorities.

**Safety of Patient Care:** The HIS Safety Network has been a useful first step to enable cross-organisational capture, analysis and distributing of key safety intelligence within the organisation. Committed individuals regularly attend and positively contribute to the Network. Nevertheless, the quantity of intelligence being shared is extremely low.

There has been a consultation and wider discussion amongst members and other staff in HIS to understand the barriers to sharing safety intelligence, including at the Clinical & Care Forum. This has surfaced a range of significant cultural, operational, and technological barriers to staff and teams to raising concerns about safety within the wider system. The development of a safety intelligence system as a critical component of the organisation's intelligence strategy will address these issues.

**Public Inquiries 2024-28:** Since the departure of the Head of Corporate Development in November 2024 support for inquiries is being managed within the Corporate Governance Team, with input sought from relevant teams. Within the last quarter activity has increased specifically in relation to the Scottish Child Abuse Inquiry leading to demands both on the Corporate Governance Team and colleagues across several Directorates but largely in the QARD. The risk remains out of appetite due to the volume of requests of late and therefore the need to prioritise and redirect resources across the organisation to meet this demand. There remains information governance, financial, capacity, and corporate memory loss risk with the passage of time for all inquiries.

A paper specifically on inquiries was discussed at Audit and Risk Committee at its meeting on 5 March.

A review of our strategic risks and risk appetite with the Board is planned for May 2025.

**Assessment considerations**

<b>Quality/ Care</b>	The risk register underpins delivery of the organisation's strategy and effective risk management ensures the best outcomes from our work programmes. Discussion of the risk register and its impact on delivery of the organisation's plan is a key part of the assurance arrangements of the organisation and in identifying opportunities
<b>Resource Implications</b>	There is no financial impact as a result of this paper. Relevant financial risks are recorded on Compass and presented to the Committee.
<b>Clinical and Care Governance (CCG)</b>	CCG risks are included in the risk registers.
<b>Risk Management</b>	Risks and their mitigations are set out in the report for review by the Committee.
<b>Equality and Diversity, including health inequalities</b>	There are no equality and diversity issues as a result of this paper. An impact assessment has not been completed because this is an internal governance paper.

<b>Communication, involvement, engagement and consultation</b>	<p>The risk register is an internal management tool and therefore no external consultation has been undertaken in preparing this paper.</p> <p>Route to this meeting: The Committee and Board considered all of the strategic risks at their previous meetings. The Executive Team review them monthly.</p>
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#### 4 Recommendation

The Board is offered a **limited** level of assurance on the strategic risks which are out of appetite with the exception of Covid Inquiries which is marginally out of appetite and therefore considered to be within tolerance. Regarding the risks which are within appetite the Board is offered a **significant** level of assurance when the residual score is medium or low and a moderate level of assurance when the score is high.

The Board is asked to:



- Assure themselves that the levels of assurance provided are reasonable.
- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.

#### 5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1, Strategic Risk Register

Appendix 1, Strategic Risk Register



Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
HIS Strategy 2023-28	Reputational / Credibility	Cautious	1072	Robbie Pearson	There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS.	25	<p>We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections.</p> <p>The wider changes in HIS will seek to provide a platform for us building a more flexible and cohesive response to the challenges facing the system.</p> <p>The annual delivery plan 2024-25 has been developed and agreed with Scottish Government (SG) in the context of the operational and financial challenges facing HIS and the system and progress on it is reported to the Quality and Performance Committee, Board and Scottish Government. The process for managing new work commissions in HIS has been redesigned to ensure a stronger collective response to the requests from SG. In the past month, clarity has been received on additional allocations, including those that will now be in the baseline. This will give us greater opportunity to have certainty re financial planning over remainder of 2024-25 and into the next financial year, with greater ability to match delivery with resources.</p>	Our new strategy marks a significant shift in our approach as an organisation, with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure we are meeting the needs of the health and social care system. The Board will continue to consider how best to flex resources within our baseline to secure out strategy and that will require difficult choices, and potentially different choices for 2024-25 and future years. In the meantime, work is progressing to confirm the specific milestones to be achieved between now and the end date of the strategy in 2028.	4	3	12 	05/03/25
Finance Strategy	Financial / Value for Money	Cautious	635	Angela Moodie	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend.	20	The financial context and associated uncertainty creates a challenging set of circumstances. Financial monitoring continues to be a key control in our ability to deliver financial balance. Work plan prioritisation, within the affordability envelope, has, and will be key to ensure a balanced budget for next year, alongside detailed and achievable recurring savings plans. In addition, current financial controls will be key to ensure all spend is authorised and within approved budgets in 25/26. We have been transparent with SG on our position regarding allocation funding and continue to highlight the risk and impact on our Annual Delivery Plan.	HIS is committed to delivering at balance budget in 24/25, which includes a £2.5m (8%) savings target. To date, approximately half of our savings have been delivered on a recurring basis.	3	4	12 	06/03/25

Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
ICT Strategy: Cybersecurity	Reputational / Credibility	Minimalist	923	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage.	20	<p>Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates.</p> <p>HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly.</p> <p>Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.</p>	<p>This risk has been reviewed with the HIS Cybersecurity Manager and with the controls and procedures put in place through compliance with NISR, whilst recognising the recent attacks on UK public sector bodies, the impact has remained the same and we have reduced the likelihood. It may be useful for the organisation to consider if any potential risks to service delivery following a cyber attack are covered by existing business continuity risks.</p> <p>Digital Services Group note that it is a requirement of the Network &amp; Information Systems (NIS) regulations that "Senior management and boards regularly review the organisational cyber risks and threats". A risk deep dive for the HIS Board on cybersecurity is planned for February 2025.</p>	4	3	12 ↓	05/03/25
Information Governance Strategy	Reputational / Credibility	Minimalist	759	Safia Qureshi	There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner).	16	<p>Staff training, records retention policy, data protection policy, information security policies, technical security controls; data processor contractual arrangements, improved implementation of retention schedule; Staff training and awareness; review of the information asset register for compliance gaps on quarterly basis; review of HIS practices against the Information Commissioner's Office accountability framework on annual basis; quarterly governance directorate review meetings; monthly Key Risk Indicator report to Performance, Risk, Assurance meeting. Implementation of OneTrust governance modules; adverse event reporting; data protection audits; supplier management; training and awareness; review of email distribution lists.</p>	<p>Mitigations remain in progress no specific issues arising since the last reporting period, so the risk remains at medium as an inherent risk to business activities. The key risk indicator report regarding technical controls remains Green with all controls operating as planned/required.</p>	3	2	6 ↓	05/03/25
Inspections & other assurance activity	Clinical Care Governance	Minimalist	1160	Eddie Docherty	There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.	20	<p>The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Ensuring there are sufficient staff to deliver the annual scrutiny plan together with responsive reviews or inspections. Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate.</p> <p>Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns. We have taken steps to strengthen intelligence sharing across relevant programmes within QAD and with other agencies. QAD Clinical and Care Governance Group ensures monitoring of CCG issues and management of relevant risks, and QAD also reports into HIS CCG.</p>	<p>Key actions in place to bring the risk within appetite are updates to the annual quality assurance and regulation plan for 2024/25 to reflect changing priorities and staff/workload have been reallocated to accommodate these priorities, though this is impacted by staff absences. Recruitment to pressured areas is ongoing and should help reduce the risk once staff are in place. Any further impacts on plans will be escalated to the Executive Team and Board in accordance with established governance mechanisms where required.</p> <p>Mental Health inspections have recommenced, Maternity inspections commenced in January 2025 and the independent review of regulatory activity has commenced to identify further areas of staff development and improved methodologies. The Responding to Concerns review is complete and the Oversight Board meets for the first time in February 2025.</p>	4	4	16 ↔	05/03/25

Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
Climate Emergency & Sustainability Strategy	Reputational / Credibility	Cautious	1165	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	16	<p>National Sustainability Assessment Tool (NSAT) annual assessment</p> <p>Development of an organisational Net-Zero Route map action plan.</p> <p>Active Travel Adaptation Policy.</p> <p>Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government.</p> <p>Collaboration with other NHS boards contributing to Climate Change Risk Assessment &amp; Adaptation Plans, including Biodiversity reporting.</p>	HIS are continually looking for opportunities to reduce our carbon footprint and collaborate more with other national health boards. The Chief Operating Officer of NHS Scotland has indicated that Sustainability initiatives are imperative to improving care and reducing cost. HIS are now looking to set new targets within its new net zero route map that will help deliver the targets within the national strategy.	3	2	6	05/03/25
Regulation of Independent Healthcare	Clinical and Care Governance	Minimalist	1159	Eddie Docherty	There is a risk that HIS cannot effectively regulate the independent healthcare (IHC) sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	25	<p>The IHC Team are at full staffing in terms of the current model. Work is underway to review the strategic approach, ways of working, polices, processes and governance arrangements for our IHC regulation , but there will be dedicated leadership and programme support for to ensure key regulatory functions can continue to be delivered while this work is ongoing. A new approach to accessing the required clinical expertise and updating staff knowledge has been developed in partnership with the medical directorate and the Quality Assurance Directorate Clinical and Care Governance Group.</p> <p>HIS/SG Group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future. Legislation has been enacted to adjust maximum fee levels and there is an annual baseline funding of £260K from SG. Work ongoing with main partners Central Legal Office (CLO) and NSS to improve debt recovery processes.</p> <p>The QAD Clinical Care Governance Group considers and monitors relevant risks and is seeking to ensure appropriate and timely clinical input.</p> <p>Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales &amp; HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare.</p>	<p>A detailed review is being undertaken of ways of working, policies, processes and distribution of workload across QAD's regulatory functions (IHC &amp; Ionising Radiation Medical Exposure Regulations (IRMER) to ensure the effective and sustainable delivery of statutory duties in a way that makes best use of collective skills knowledge and expertise; reflects available resources; and ensures fair and achievable workloads.</p> <p>There is ongoing work and regular engagement with Scottish Government on regulatory reform proposals to close known loopholes. The legislation for the regulation of independent healthcare services provide by pharmacy professionals and the regulation of independent medical agencies has bene enacted and we are working through the scope of these new legislative requirements. Other anticipated legislative changes, include the ability to remove services from the register that do pay annual leaves and changes to the current fee caps to enable HIS to continue to collect sufficient fees to cover existing regulatory costs . However, significant legislative reform will take time, particularly where changes to primary legislation are required. In addition, The Chief Executive has written to sponsor colleagues at SG to detail patient safety concerns and set out the need for wider reform of IHC regulation and discussion with SG are ongoing in relation to this.</p> <p>The review of regulatory activity is underway. In the meantime, a workforce plan to support introduction of IMAs is being developed and advice sought on legislative scope from counsel. A further consultation from SG on aesthetics is underway and implications for HIS are being considered. The new associate director for regulation will commence in post on 1st Feb</p>	4	3	12	05/03/25



Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
Service Change	Reputational / Credibility	Cautious	1163	Clare Morrison	There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting). Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HIS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. In December 2024, we produced guidance on non-compliance with Planning with People. In 2024, we implemented a new structure comprising Strategic Engagement Leads and an Assurance of Engagement Programme to enhance our assurance processes, both of which have improved our earlier awareness and scrutiny of service changes in the system. We have a current and increasing risk around one of our Strategic Engagement Lead posts being vacant since May 2024 which is becoming an increasing concern as our awareness of service changes in some locations is now significantly reduced. We regularly meet with Scottish Government about national service changes and have discussed the new guidance on engagement with all the key groups who are taking forward the national service changes. These are early conversations so the new guidance remains untested.	4	3	12	05/03/25
Workforce	Operational	Cautious	634	Sybil Canavan	There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives. Within this risk it is recognised that there is a risk in relation to executive remuneration and recruitment which is reflected in the operational risk register.	16	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum.  Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	The Interim Workforce Plan has been in place since December 2024, and we are preparing to submit it to the Scottish Government (SG) on 17 March 2025. In parallel, we are developing further, more detailed workforce planning for the organisation. This ongoing work aims to ensure that we continue to meet our immediate and longer-term needs, aligning with our strategic goals and priorities.	5	3	15	05/03/25
Organisational Change	Workforce	Cautious	1266	Sybil Canavan	There is a risk that the current and potential future organisational change activity within Healthcare Improvement Scotland will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	16	Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within Healthcare Improvement Scotland ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity.	Confirmation of the completed actions from the recent Organisational Change Review report have been provided to the Partnership Forum and Staff Governance Committee. The Change Oversight Board continues to meet and review planned and potential areas of Organisational Change as required. Any areas of Organisational Change continue to be discussed with Partnership colleagues to ensure cogniscance of due process and the recent lessons learned can be reflected in practice going forward.	4	3	12	05/03/25

Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
Safe Care in Scotland	Clinical Care Governance	Minimalist	1922	Simon Watson	In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public.	20	We have a range of touchpoints with the wider health and care systems. These include representation on key leadership groups within the NHS - Chairs, Chief Execs, Medical & Nurse Directors and other functional lead groups. Safety intelligence is gathered in all these forums. HIS also has access to intelligence about safety through programme-specific forums, links to other national or UK groups and informal professional connections. In addition, HIS continues to play a leading role in the Sharing Intelligence Network of 16 national scrutiny and regulatory organisations. All of this intelligence has potential to positively influence and inform our work and make our greatest impact on harms associated with healthcare. The lack of a system to fully capture, understand and act on safety intelligence creates is at the heart of this risk.	The HIS Safety Network has been a useful first step to enable cross-organisational capture, analysis and distributing of key safety intelligence within the organisation. Committed individuals regularly attend and positively contribute to the Network. Nevertheless, the quantity of intelligence being shared is extremely low.  There has been a consultation and wider discussion amongst members and other staff in HIS to understand the barriers to sharing safety intelligence, including at the Clinical & Care Forum. This has surfaced a range of significant cultural, operational and technological barriers to staff and teams to raising concerns about safety within the wider system.  The development of a safety intelligence system as a critical component of the organisations intelligence strategy will address these issues.	5	3	15 	05/03/25
Partnership Working	Operational	Cautious	1323	Sybil Canavan	There is a risk of partnership working arrangements across the organisation being destabilised because of the need to respond to the financial position in 2024/25 and beyond which will require changes to service delivery which could result in a more challenging employee relations environment for Healthcare Improvement Scotland	16	Healthcare Improvement Scotland has a long-established formal agreement regarding working in Partnership with both recognised Trade Union colleagues but also partnership representatives. This process is embedded in terms of the operation of the Partnership Forum (PF) and also the opportunity to respond to service issues and any potential changes on a partnership basis. The PF is co-chaired by the Employee Director and the Chief Executive of the organisation. Also the One Team Workforce Sub group is also chaired by the Director of Workforce and the Employee Director. There is need for clear, consistent and transparent communication regarding any service issues or potential areas of change is actively managed and the recent Organisational Change review process has also provided further learning for HIS to ensure that further change or impact on staff reflects on the learning and utilises the established processes and policy frameworks in place.	HIS is currently actively engaging with the PF and staff members regarding service planning and any potential changes which will impact on individual employees. Direct support is being offered by PF representatives, HR staff and also line managers.  We continue to work in partnership with Trade union and staff representatives on a wide variety of individual and collective matters. The Forum recently came together in September for a development session to further review and discuss organisational challenges and work underway.	3	4	12 	05/03/25

Risk Title	Risk Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
Public Inquiries 2024-28	Information Governance Strategy	Minimalist	1474	Robbie Pearson	<p>There is a risk that we fail to comply with the demands of five concurrent health and social care focused public inquiries due to competing and conflicting requests across a breadth of subject matters; along with the risk of staff churn and a risk to inadvertent destruction and an inability to locate and retrieve files.</p> <p>The Inquiries are:</p> <ul style="list-style-type: none"> <li>• Scottish Covid Inquiry</li> <li>• UK Covid Inquiry</li> <li>• Eljamel &amp; NHS Tayside Inquiry</li> <li>• Scottish Child Abuse Inquiry</li> <li>• Scottish Hospitals Inquiry</li> </ul>	12	<p>We will monitor each of the inquiries as they run, anticipate requirements and prepare for these in advance as far as we can, engaging with Central Legal Office for support and advice as required. We will make all relevant staff aware, so preparation is shared within teams and find a way to harvest the individually held knowledge (memory) of our key staff if we or they know they are planning to leave within the timeframe of the Inquiries taking place. We will engage directly with the inquiries teams to build awareness of the role and contribution of HIS to each, and which will vary in accordance with our role and statutory functions.</p> <p>Records management retention and disposal policy and guidance, along with other information governance good practice guidance continues to be adhered to. We continue to anticipate requests from the Inquiries by identifying key documentation and timelines of activity in advance, while trying to avoid overburdening staff.</p>	<p>Since the departure of the Head of Corporate Development in November 2024 support for inquiries is being managed within the Corporate Governance Team, with input sought from relevant teams. Within the last quarter activity has increased specifically in relation to the Scottish Child Abuse Inquiry leading to demands both on the Corporate Governance Team and colleagues across a number of Directorates but largely in the Quality Assurance and Regulation Directorate. The risk remains out of appetite due to the volume of requests of late and therefore the need to prioritise and redirect resources across the organisation in order to meet this demand. There remains information governance, financial, capacity and corporate memory loss risk with the passage of time for all inquiries.</p>	4	3	12	10/03/25

**SUBJECT: Governance Committee Chairs' Meeting: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 26 February 2025.

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Committee Chair Aide Memoire**

The Chairs received an aide memoire from the Chair of the Audit and Risk Committee which had been drafted with input from members of the Planning and Governance Team. The aide memoire seeks to provide Committee Chairs with background information, essential references and useful prompts in relation to the various themes that are common to all Committees to support the chairing of meetings. In particular, it links to the Assurance Framework and builds on our approach to the use of Levels of Assurance in governance papers. The aide memoire can be found in the additional reading folder on Admincontrol and all Committees are asked to include it on their agendas for discussion.

**b) Committee Appointment Tenures and Skills Matrices**

An update was provided on our approach to Committee tenures following recommendations from Internal Audit that Committee appointments should be for a fixed period. We were advised that the next revision to the Code of Corporate Governance will include narrative that states that Committee Chair and member appointments will be made for a period of three years at which point they will be reviewed. There will be a maximum of three re-appointments and a rationale will be recorded for making each re-appointment. This approach reflects the practicalities of filling Committee Chair and member positions for a small board. We also noted that work will be delivered to map skills matrices for the Committees.

**c) Cross-Cutting Themes**

At each of our meetings, we have on our agenda a discussion of the various cross-cutting themes that impact all of the Committees. This is very useful in helping us to make connections across the Committees and Board, and highlight any duplication. We took the opportunity to review these themes to ensure they are still relevant.

**Carole Wilkinson**  
**HIS Chair/Chair of the Governance Committee Chairs**

**SUBJECT: Audit and Risk Committee: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 5 March 2025. The approved minutes of the Audit and Risk Committee meeting on 27 November 2024 can be found [here](#).

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Website update**

Content continues to be added to the corporate website, with ihub and the Scottish Approach to Change starting migration in March 2025. The old ihub website will close on 31 March 2025 with a static archive available for a further year. The committee reviewed a plan for migrating the remaining websites and welcomed the consolidation under the HIS mother brand. Challenges regarding accessibility requirements were discussed, in particular the use of Portable Document Formats as highlighted by the recent government digital services audit. All audit actions have been resolved, but it is recognised a significant culture shift is required in how we produce and publish our information.

**b) Corporate functions benchmarking**

The results of the Scottish public sector benchmarking exercise were shared with the committee. The data from 2022/23 compared six back-office functions of 55 devolved Scottish public bodies. Areas of positive and negative outliers were presented. The committee discussed how the data is being used in the 2025/26 planning process and what actions have arisen from this analysis. The committee welcomed the insights of this report and our commitment to participate in future exercises.

**c) Public inquiries update**

Updates were provided on the five active public inquiries involving HIS. It was noted that the volume of activity and requests have increased recently and a wide range of resources from across the business has been required to support this. Identification of a senior lead is underway, but in the meantime the committee was informed that all requests have been responded to within the specified deadlines. Clarity was provided on the role of the central legal office, filling a knowledge gap, providing expertise and advice on process.

**Rob Tinlin**  
**Committee Chair**

**SUBJECT: Executive Remuneration Committee: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 3 December 2024.

**Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Positive mid-year appraisals**

The Committee reviewed the mid-year appraisals for the Chief Executive and the Executive Team and noted the significant level of assurance to be taken from the comprehensive and robust way the appraisals have been completed. Committee members were content that the required service focus and prioritisation was in place for Healthcare Improvement Scotland. It was noted that the completed year end appraisal detail will be with the Committee at the June meeting for consideration.

**b) Pay circulars for both Executive and Medical Groups**

Pay circulars PCS(ESM)2024-2 Pay ESM Staff and PCS(DD)2024-01 Medical Dental Pay 2024-25 were noted. It was confirmed that payment would be made in December payroll and backdated to April 2024. It was noted that the performance increase from the National Performance Management Committee (NPMC) had not yet been received. The confirmation letter from the NPMC was also outstanding and it was expected that this would be available in January as had happened in previous years.

**c) Risks to be reported to the Board**

The Committee discussed the risks outlined at the December meeting and requested that a report be prepared for the Board and Audit and Risk Committee with the risks identified so they could be put on record.

**Rob Tinlin, Non-Executive Director  
Executive Remuneration Committee Chair**

**SUBJECT: Quality and Performance Committee: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 19 February 2025. The approved minutes of the Quality and Performance Committee meeting on 6 November 2024 can be found [here](#).

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Safety**

The Medical Director/Director of Safety delivered a presentation to the Committee setting out early proposals for a strategic plan for safety which will support delivery of our commitments to safety as set out in the organisational strategy. The presentation covered immediate priorities for 2025-26 and key outcomes by 2028 as well as challenges to achieving these. The Committee noted the importance of intelligence in supporting safety activity and the need for wide stakeholder engagement, especially to find the right language to reassure HIS staff that safety is a key part of quality and improvement. The Committee will receive further updates at subsequent meetings. It was recommended that a discussion with the full Board should be scheduled.

The Committee also considered a progress report on Adverse Events from the Director of Quality Assurance and Regulation which included the revised Learning from Adverse Events Framework. The discussion focused on the capture and analysis of data from Boards which underpins the work and noted this links to wider activity underway to improve HIS' data and intelligence systems. The Committee approved the Framework for publication and accepted moderate assurance on the progress reported.

**b) Healthcare Staffing Programme Annual Report**

The Committee received the annual report which sets out for Scottish Ministers how HIS have discharged their duties under the Health and Care (Staffing) (Scotland) Act 2019. The report will be finalised at the end of the financial year. The Committee requested that more information is added to the section about challenges to ensure a full picture is provided and agreed to approve the final report by email to meet the Scottish Government submission deadline. The Committee accepted moderate assurance at this time.

**c) Clinical and Care Governance**

The Committee considered the regular update on clinical and care governance activity within the organisation which included information from the Clinical and Care Governance Group, the Clinical and Care Staff Forum, and Directorates. The Medical Director/Director of Safety advised that there are challenges with gaining attendance at meetings due to general demands on capacity and the frequency of meetings will be reduced. The Committee noted that work was ongoing within Directorates meantime to continue to embed clinical and care governance. The Committee also noted the overlap of some of the reporting with Governance for Engagement and were advised that action will be taken to resolve this.

The Committee accepted the moderate assurance offered on the progress reported in the paper. However, took limited assurance on the structural arrangements for delivering

clinical and care governance given the challenges with meeting attendance and requested an update on this at the next meeting.

**Evelyn McPhail**  
**Committee Chair, Quality and Performance Committee**



**SUBJECT: Scottish Health Council: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board (HIS) with an update on key issues arising from the Scottish Health Council (SHC) meeting on 20 February 2025. The approved minutes of the Scottish Health Council meeting on 14 November 2024 can be found [here](#).

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the committee to the Board.

**a) Consumer Duty**

The SHC discussed the potential implications of the new Consumer Duty for both HIS and more widely for NHS boards and Health and Social Care Partnerships (HSCPs). This duty comes into effect on 1 April 2025 and requires public bodies to consider the impact of decisions on consumers, which includes patients. HIS has previously tried to clarify the implications of this on: (a) HIS itself and whether the duty is met through existing Governance for Engagement arrangements; and (b) the potential duplication between the new duty and NHS bodies' existing statutory duties on public involvement. The latter point includes HIS' duty to support, monitor and assure engagement. Guidance published by Consumer Scotland on 12 February 2025 did not address the implications. Therefore, it was agreed that HIS should formally write to Consumer Scotland to seek clarity on these matters and raise with our Scottish Government sponsor unit.

**b) Importance of strategic engagement and risk of ongoing vacancy**

The value of proactive engagement with NHS boards and HSCPs to understand their current service changes and community engagement activities was agreed by the SHC. This was demonstrated through a report from the Strategic Engagement Leads and their teams. The risk around HIS not meeting its statutory duties on engagement because of the ongoing Strategic Engagement Lead vacancy in the West region was discussed, along with the impact of the vacancy on other staff who are covering the role. It was agreed that support should be sought from the People and Workforce Directorate to find a solution so that the vacant post can be recruited to.

**c) Conclusion of Governance for Engagement 2023/24 process**

The Governance for Engagement process for 2023/24 is now complete, with all HIS directorates having taken part in the self-assessment and supportive scrutiny process. The SHC noted that the majority of directorates were able to demonstrate good examples of engagement practice. Corporate directorates found the process more challenging, and a tailored self-assessment tool is now being developed with them for testing in 2025/26. The SHC noted that across HIS, the main challenge found was a lack of resource to evaluate engagement activities. It also noted duplication with dimension 3 of the Clinical & Care Governance process and agreed rationalisation should be considered. The Governance for Engagement cycle in 2025/26 will monitor the improvement plans agreed with directorates this year and test the new self-assessment tool with corporate directorates.

**Suzanne Dawson**



**SHC Chair**

**SUBJECT: Staff Governance Committee: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee meeting on 13 March 2025. The approved minutes of the Staff Governance Committee meeting on 23 October 2024 can be found [here](#).

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Sickness Absence – Deep Dive Activity**

An update report covering the work of the Short Life working group completing the deep dive into sickness absence was presented to the Committee and it was confirmed that the final report would be brought to the April meeting. The Committee reflected on the demographics and recording arrangements for absence across the organisation.

There was also some discussion regarding the possibility of benchmarking of data both internally to NHS Scotland and elsewhere in the private sector. It was confirmed that there was available information from a recent survey and benchmarking exercise that Healthcare Improvement Scotland had undertaken.

**b) Flexible Work Location Policy Implementation**

The Committee were advised of the confirmed outstanding work to be undertaken to ensure that current Contracts of Employment are up to date and reflect all staffs' working arrangements within the organisation.

The practical and ongoing details of implementation of the Flexible Work Location policy were discussed and it was agreed that there needed to be a fair, equitable and transparent approach by the organisation to application of this. It was agreed that a further detailed paper be brought to the Board for consideration and comment given the potential formal change of working arrangements for staff within Healthcare Improvement Scotland.

**c) Performance, Development and Wellbeing Review (PDWR) Detail**

The Head of Organisational Development gave a detailed presentation to the Committee detailing the planned work ahead to update and revise the current PDWR arrangements across the organisation. There was also discussion regarding the changes proposed in relation to the approach to corporate objectives to refresh the vision and detail in line with the planned approach to organisational culture matters over the coming year.

**Duncan Service**  
**Staff Governance Committee Chair**

**SUBJECT: Succession Planning Committee: key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Succession Planning Committee meeting on 16 January 2025. The approved minutes of the Succession Planning Committee meeting on 30 May 2024 can be found [here](#).

**2. Recommendation**

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

**a) Aspiring Chairs – Guest Speaker**

The Aspiring Chairs programme aims to support suitable candidates to move from Non-executive Director positions into Board Chair positions and has now completed two cohorts. We were joined at our meeting by Evelyn McPhail, HIS Non-executive Director, who took part in the second cohort of the programme. Evelyn shared her reflections on her participation, both positive aspects and areas that might be improved in future. She highlighted the value of being hosted by two different Boards which gave her the benefit of broader perspectives and experiences.

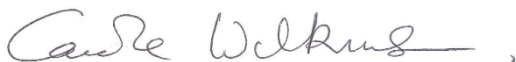
**b) Board Diversity – Guest Speaker**

We welcomed a second speaker to our meeting, Neena Mahal, Interim Chair of NHS Forth Valley. Neena has extensive experience on Boards and with delivering initiatives to increase their diversity. She shared reflections on the barriers to improving diversity such as remuneration arrangements and the complexity of the appointments process. She also set out practical examples to improve attraction strategies, both before and during recruitment, and ways in which the appointments process can be improved to ensure the diversity that candidates offer is brought to the fore. These practical insights from Neena will form part of the review of the Succession Plan during 2025.

**c) Succession Planning**

The Committee received updates on succession planning activities. The skills matrix for Non-executive Directors will be reviewed given the recent change on the Board and will be provided to the Committee to inform the Board development plan, a draft of which was provided for 2025-26. We noted that communications were threaded through some of the proposed activity. The Head of Communications advised that a new Communications Strategy would also be provided during 2025 and the Board's input to this would be welcome.

**Carole Wilkinson**



**Committee Chair**